



Testimony to the Appropriations Committee

March 6, 2015

By Leslie Simoes, Executive Director, The Arc Connecticut

**Testimony: H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER
PROVISIONS RELATED TO REVENUE.**

Thank you Senator Bye, Representative Walker and members of the Appropriations Committee for the opportunity to testify this evening on H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE.

My Name is Leslie Simoes and I am the executive director of The Arc Connecticut. The Arc is a 62-year old advocacy organization committed to protecting the basic civil basic rights of people with intellectual and developmental disabilities and to promoting opportunities for their full inclusion in the life of their communities. We are part of The Arc of The United States. Nationwide there are 675 chapters in 49 states with about 4700 service locations. Across the country we have about 6900 board members, 124,000 staff, more than 46,000 volunteers and collectively we serve more than 1 million people - individuals with intellectual and developmental disabilities or I/DD and their family members.

Here in Connecticut there are 18 chapters with a total revenue of about \$103 million dollars. There are more than 195 board members, 3,729 staff and more than 1,288 volunteers.

The Arc was formed more than sixty years ago when parents of individuals with I/DD started organizing all around the country, in living rooms, church basements, in true grass roots fashion, with the goal of creating a better life for their sons and daughters with I/DD. Most recently The Arc Connecticut in conjunction with the newly formed Connecticut Intellectual & Developmental Disability (I/DD) Caucus hosted a Family Hearing Day and over 350 families, advocates, individuals with disabilities and providers came to the capitol to tell their stories.

Unfortunately the Governor's proposed budget does nothing to address the many stories shared on Family Hearing Day or for that matter, during the recent numerous meetings with legislators across the state. In fact if the Governor's proposed budget is implemented, it will hurt families and hurt the economy. The Arc disagrees with so many of the proposed cuts in the Governor's budget that quite frankly, I do not know where to begin.

What is more troubling than these proposed cuts is that I am here again, saying the same thing I've said year after year, after year. Saying the same things my predecessors said, year after year after year. Year after year we are forced to come here, beg for funding and tell you why our population matters and tell you why you should fully fund our programs.

I feel sick having to sit here and plead our case that our families deserve more than families with kids with mental illness, addictions, MS or any number families with debilitating situations. But we do it, year after year after year.

And now The Governor tells us we have no money. Well I am here to say that even when Connecticut HAD money, they never gave it to us so it is prosperous for us to be told that our families have to suffer because there is a deficit, that is just an excuse. We all know that if this were a priority it would be funded. Well there are hundreds of us here tonight to say that we deserve to be a priority after almost 20 years of chronic starvation; we need to be a priority!

Connecticut was once a leader in I/DD services in supports and other states looked to us for best practices in the field. We have moved backwards and the specifics can be seen in the presentation by Allan Bergman to the I/DD Caucus dated February 11th, 2015 which is submitted with my online testimony.

I know that the legislators in this room are not responsible for this erosion of best practices, many years of major cuts to the DDS budget and continuously perpetuating the chronic starvation of the provider network. I know this with all my heart because many of you have become members of the I/DD Caucus and are fighting for our families. But I tell you, it is utterly devastating sit here tonight and to have testify to stop the cuts and fully fund our system yet again. When will it change?

Every legislator in Connecticut has constituents either receiving DDS services or waiting for DDS services. In my online testimony I attached a list of these numbers by town for both the state Senate and the House of Representatives. As you will see, this is statewide systemic issue that crosses all socioeconomic, gender, race and geographic boundaries.

Tonight, you will hear testimony from many families about how they feel the system is failing them and how terrified they are. You will hear from individuals with I/DD about their hopes and dreams and how much they want to just be offered the same opportunities you are offered to live full, independent, happy lives. You will hear testimony tonight from Arc agencies and other DDS provider agencies about the specific details of reduced Medicaid reimbursement rates impacting provider's ability to support those in need, chronic underfunding, unfunded mandates and the ability for providers in the state to maintain small businesses in the state of Connecticut; small businesses that contribute to the Connecticut economy. You will hear from workers who have to work multiple jobs just to make ends meet who can't afford health insurance for their families.

More importantly I hope you remember them and their stories when you are negotiating the budget. Remember Dan, Jamie, Varian, Kelly, Katie, Pam, Tom, Walt, Nick, Denise and the thousands of Connecticut residents who need your help.

Without adequate resources the Department of Developmental Survives , no matter what the vision or mission, cannot and will not be able to meet the needs of families & individuals with I/DD in Connecticut or the providers and workers who support them.

The continued underfunding and slow starvation of this support system is painful for all who rely on and who provide these services and without the adequate resources, fully supporting individuals and families will continue to not be met.

There are numerous things to consider here:

- Outside of the \$4M transferred for the Residential Waiting List last fiscal year there has been no new money for families on the combined DDS residential waiting and planning list since without a lawsuit for over 20 years. The number of families on these lists continues to rise.
- How Connecticut supports individuals with I/DD needs to change. The system was created on an expensive, outdated institutional model of support that cannot sustain itself. DDS was working diligently to improve and transform systems of support but without the resources needed from the state this task is next to impossible.
- Funding for supports and services are at risk a federal but no attempts have been made to address this impending crisis on a state level.
- We are facing an imminent crisis of increased demand as children on the autism spectrum with I.Q.'s higher than Connecticut's eligibility statute allows will be aging out of the school system at an alarming rate into an already fragile support system.
- For many years providers have been told to do more with less. Providers have been struggling for years to maintain quality supports for the people they serve and their concerns have been ignored.
- DDS is mandating families do more support with less resources while cutting and reducing the in home supports they rely on such as Family Support Grants, & Respite Services
- The list goes on.....

The DDS budget is a little over 1 billion dollars and supports approximately 19,000 people. DDS spends approximately \$380,000 per year per resident for 311 individuals living at Southbury Training School, over \$400,000 per year per resident for 191 individuals living at the 5 DDS Regional Centers and approximately \$318.00 per year for approximately 360 individuals living in publically operated group homes and \$0.00 on residential supports for approximately 2,000 families on the DDS Residential Waiting and Planning Lists.

DDS has resources but they need to look at how they spend money and how we can reallocate existing resources in ways that can not only fully support all families in need across Connecticut but for the providers and workers that support them. Will you help us make the DDS system a system that can meet the needs of all Connecticut residents who need these services?

Please do not hesitate to contact me with questions, for clarification or to arrange a visit with a family or private provider of community based services for individuals with intellectual and developmental disabilities in you area. Thank you for your time and consideration.

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National Trends & Drivers of Services & Supports for Individuals with Developmental Disabilities: Where is Connecticut?

Connecticut ID/DD Legislative Caucus

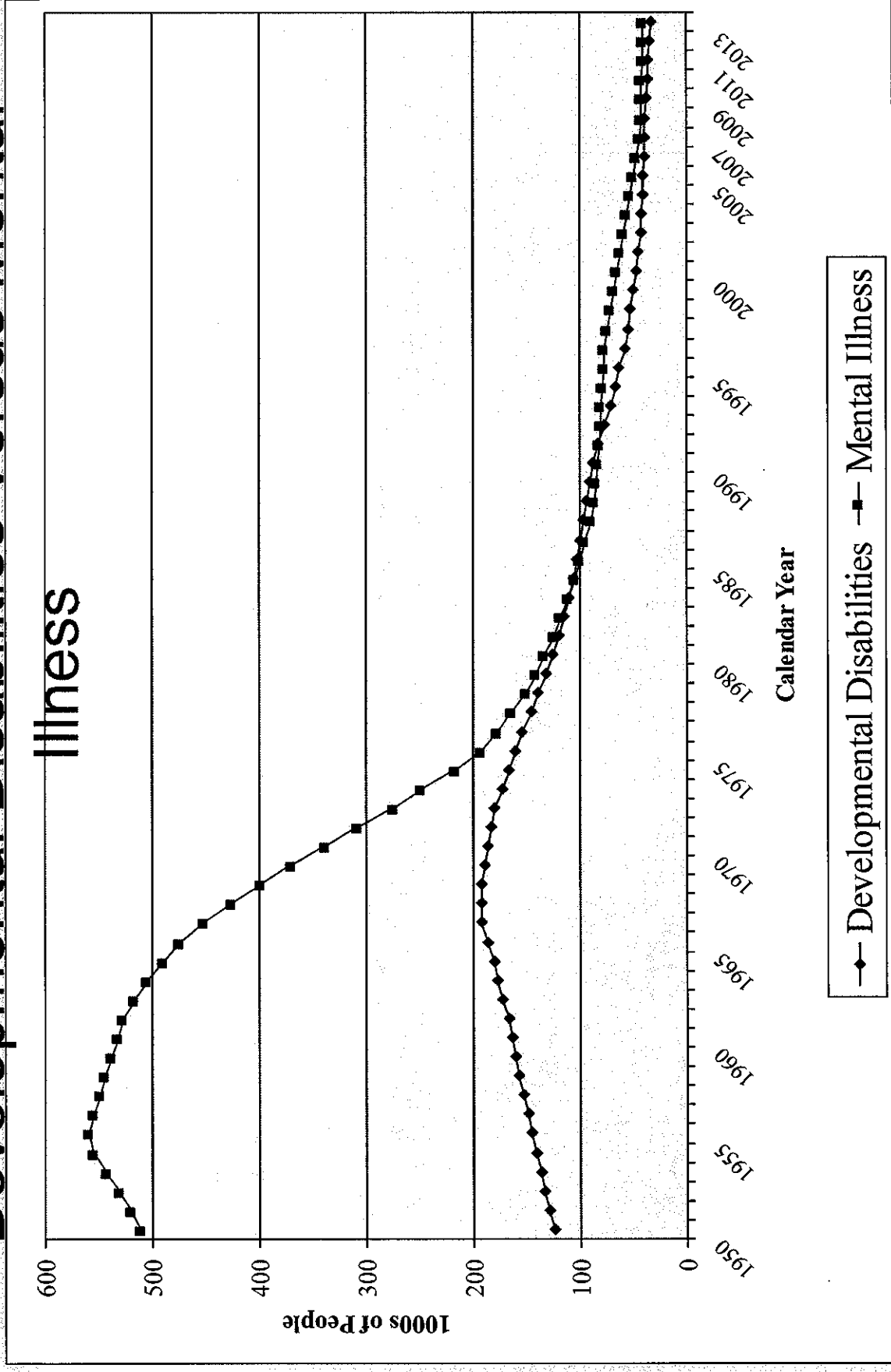
Hartford, Connecticut

February 11, 2015

Allan I. Bergman



U.S. Deinstitutionalization – Developmental Disabilities Versus Mental Illness



Why Did Parents Do This?

- Because professionals told them to
- Primarily doctors
- Doctors had authority
- Knew “what’s best”
- With the best intentions

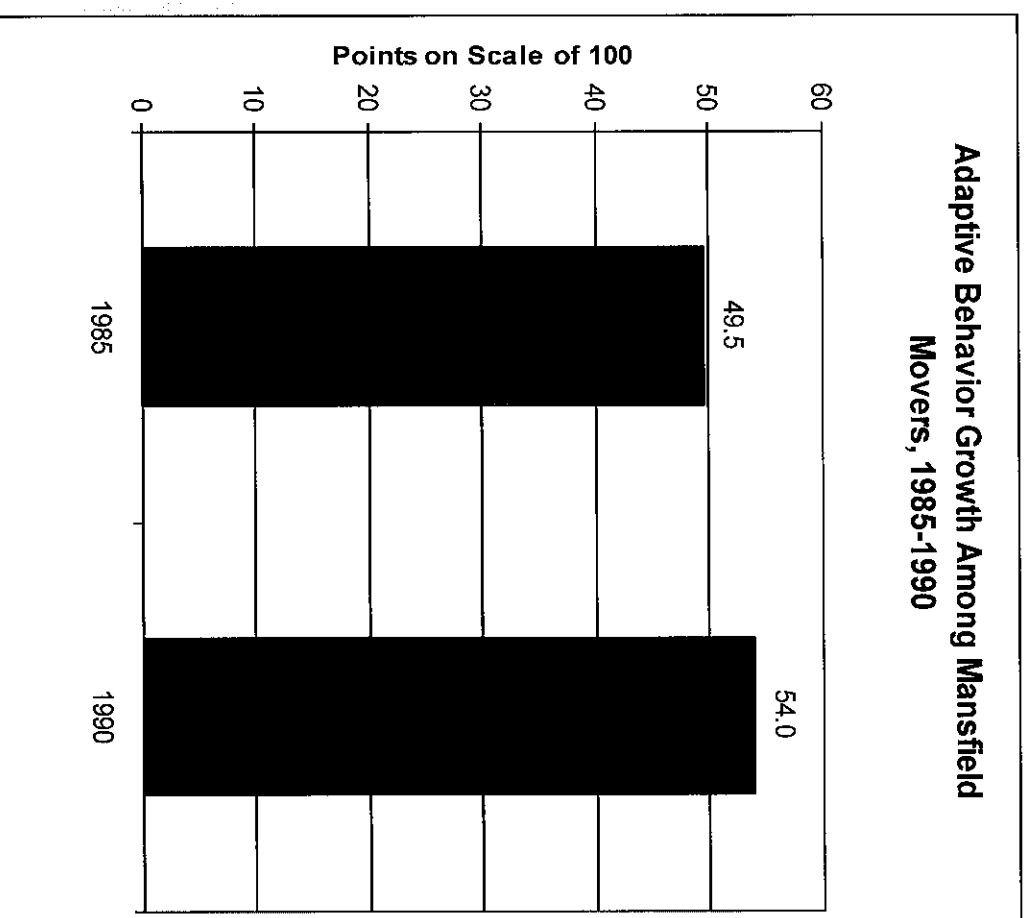


The Mansfield CT. Longitudinal Study: Three Research Designs James Conroy, Ph.D. The Center for Outcome Analysis www.eoutcome.org

- Family Survey (memory and satisfaction)
- Matched comparison
- Pre-post
- Also: External comparisons

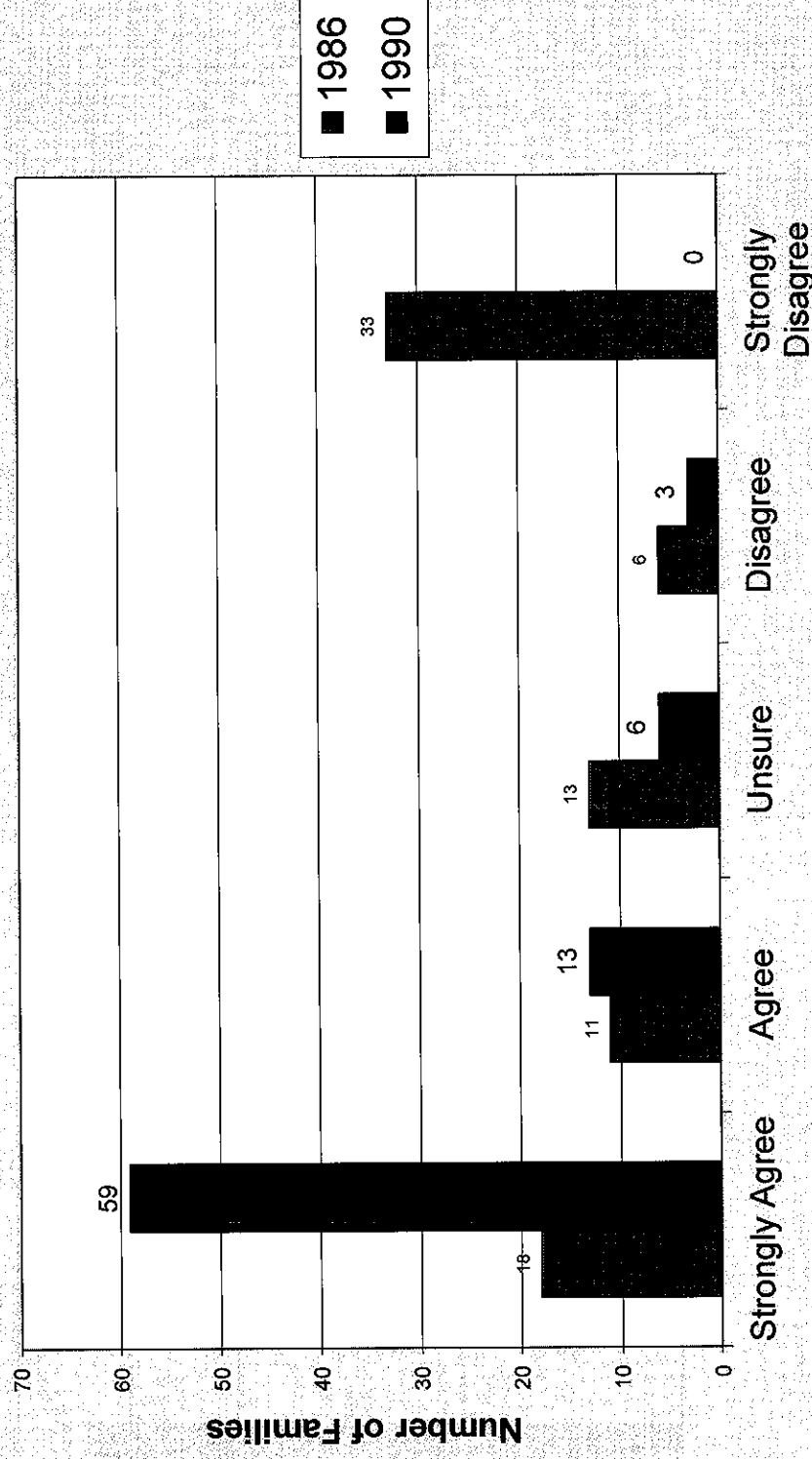
Adaptive Behavior Development

- Adaptive behavior development means growth toward more independent functioning
- Average score increased from 49.5 to 54.0 (statistically significant at $p < .0001$)
- People have become slightly less dependent



Did CT Family Opinions About Community Living Change?

**Mansfield Longitudinal Study:
Changes in Family Attitudes Re: Community Placement**

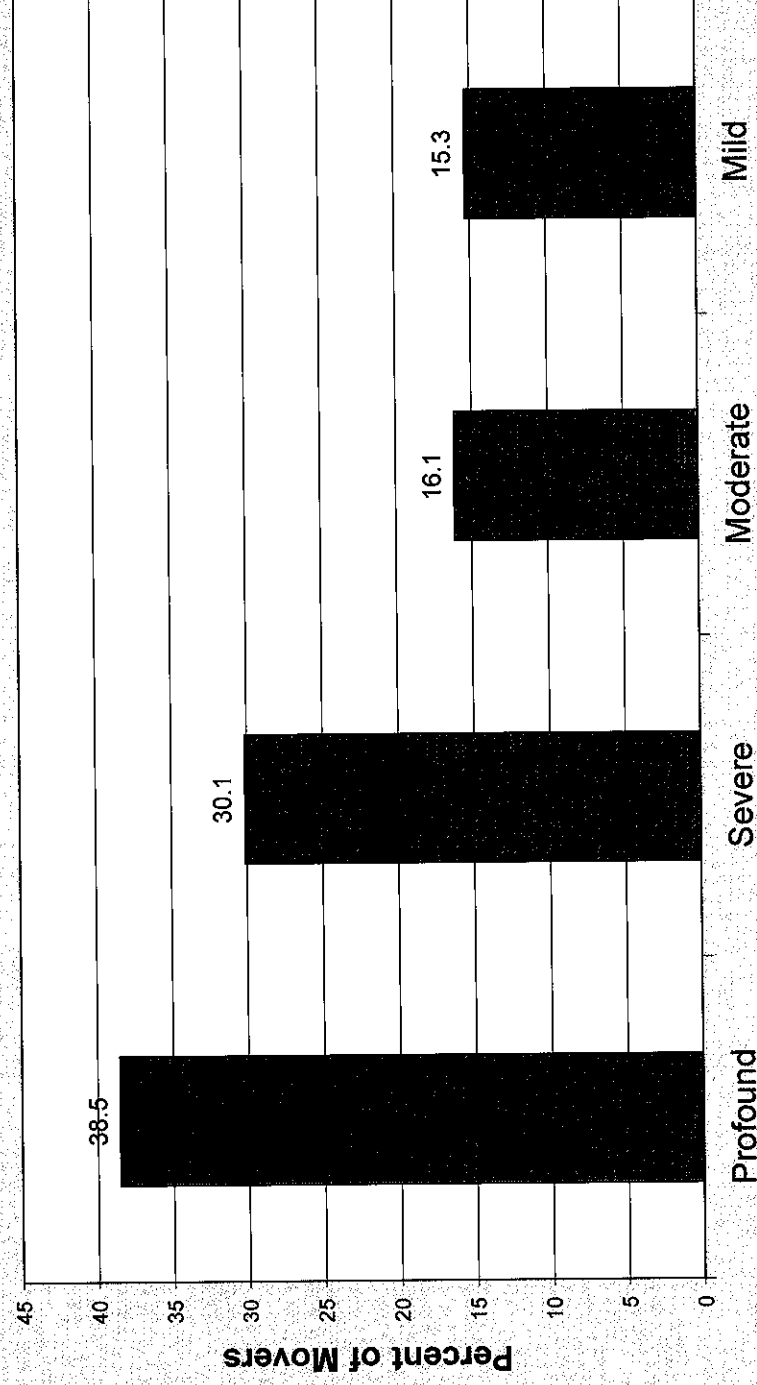


The Patterns of Family Feelings That Have Emerged in Multiple Studies

- **Initial strong resistance to notion of community living** (Spread, et al 1987)
 - Lack of concrete knowledge and experience of such options
 - Sometimes lack of availability of such options
 - Likely cognitive dissonance, difficult to change opinion maintained for decades
- **Later strong acceptance of community**
 - Larson & Lakin meta-analysis, 1990
 - Confirmed again in CA, 1998
 - “Would you go back?” Overwhelming “No.”

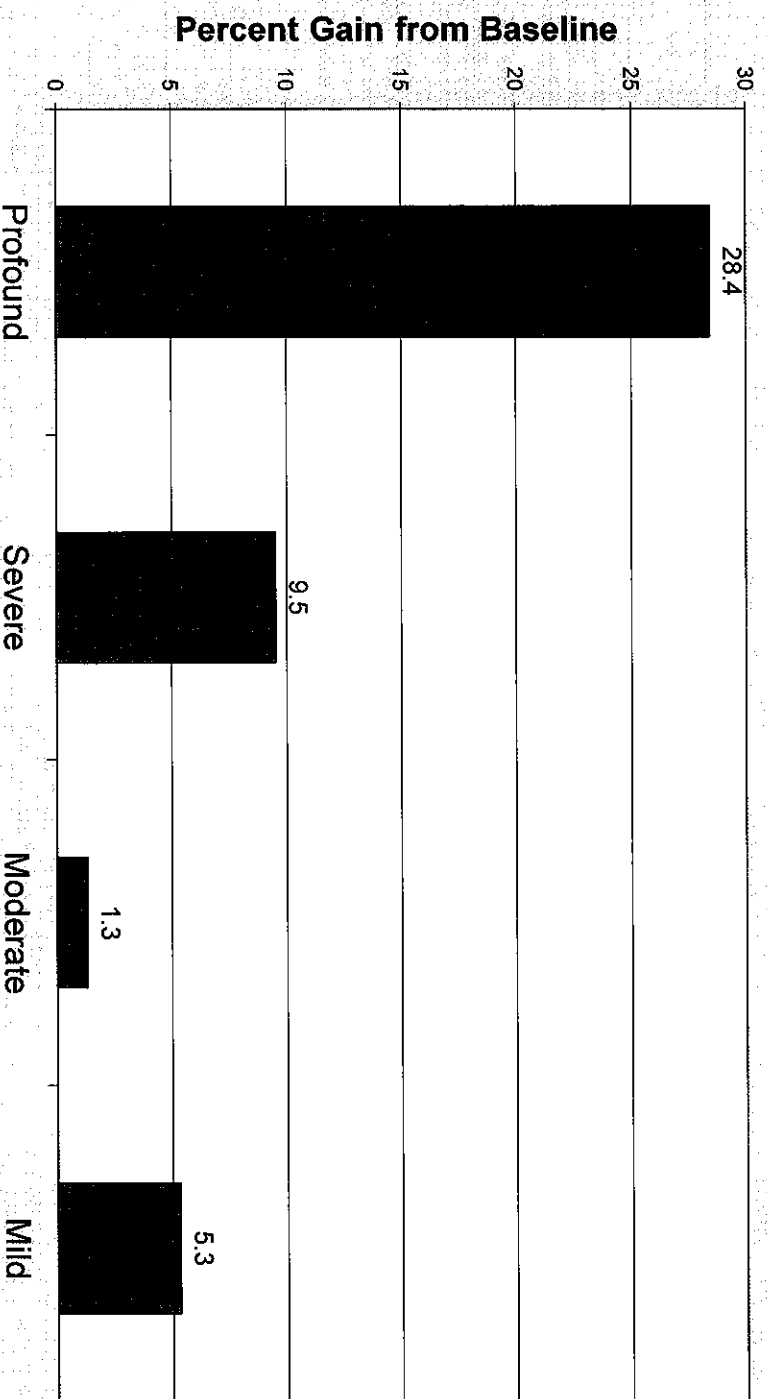
The Mansfield Movers 1985 to 1990: Major Disabilities

Level of Disability Labels of People Who Moved from
Institution to Community in CT, 1985-1991



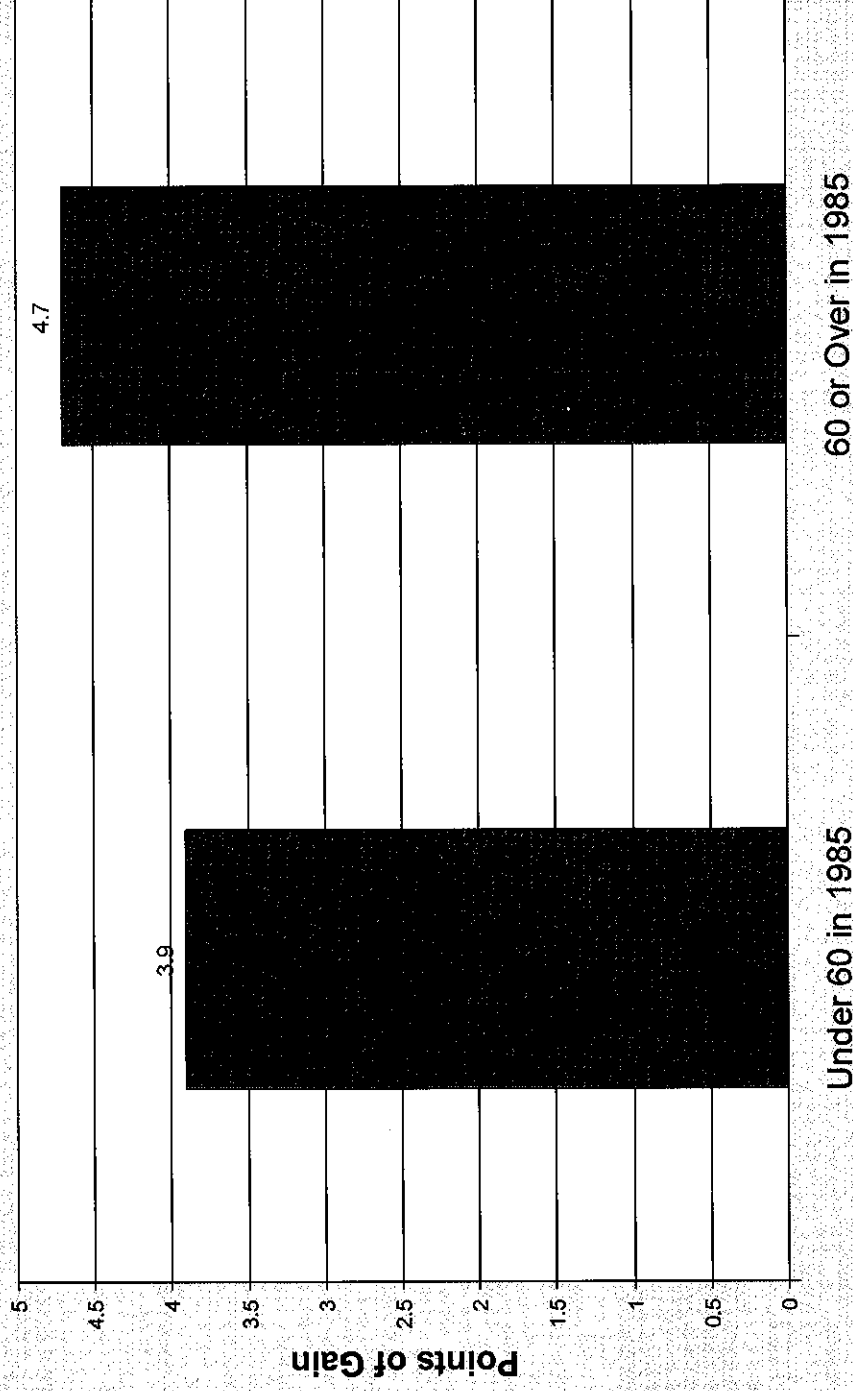
What Kind of People Made the Largest Proportional Gains?

**Connecticut Movers, 1985-1991:
Percentage Gain in Adaptive Behavior**



Is It True That Older People Can't Benefit From Moving to Community Homes?

Movers Who Were Under 60 and Over 60 in 1985:
Adaptive Behavior Gains from 1985 to 1990



Wisdom from President John F. Kennedy

“The great enemy of the truth is very often not the lie – deliberate, contrived and dishonest – but **the myth – persistent, persuasive, and unrealistic.**”



Coleman Institute for Cognitive Disabilities
UNIVERSITY OF COLORADO

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

THE STATE OF THE STATES IN DEVELOPMENTAL DISABILITIES

Richard Hemp, Mary Kay Rizzolo, Shea Tanis,
& David Braddock

Universities of Colorado and Illinois-Chicago

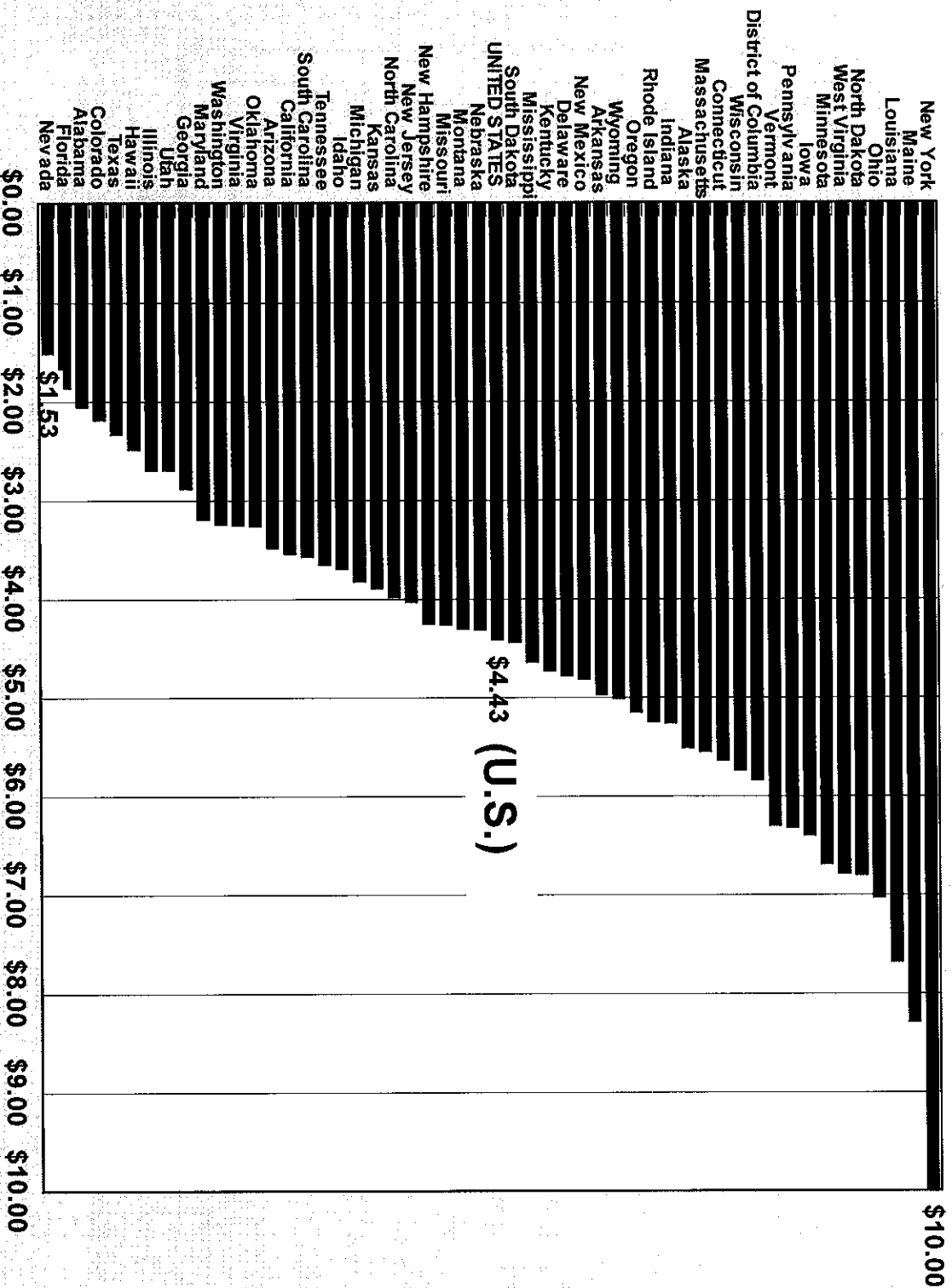
AUGUST 5, 2014

1. DISTRICT OF COLUMBIA (1991)
2. NEW HAMPSHIRE (1991)
3. VERMONT (1993)
4. RHODE ISLAND (1994)
5. ALASKA (1997)
6. NEW MEXICO (1997)
7. WEST VIRGINIA (1998)
8. HAWAII (1999)
9. MAINE (1999)
10. INDIANA (2013)* ←
11. MICHIGAN (2009)
12. OREGON (2009)
13. MINNESOTA (2011)
14. ALABAMA (2012)

***Indiana closed I/DD units at Madison, Evansville and Richmond MH Centers in 2012 and at Logansport in 2013**

SMALLEST I/DD INSTITUTION CENSUS, 2013	
1 Idaho	36
2 Nevada	47
3 Montana	55
4 Delaware	61
5 Wyoming	78
6 North Dakota	92
7 Arizona	106
8 Maryland	129
9 South Dakota	140
10 Colorado	149

TOTAL IDD SERVICES FISCAL EFFORT: 2013*



* Dollars per \$1,000 of Statewide Aggregate Personal Income

Source: Bureau of Economic Analysis (2014)

FISCAL EFFORT FOR I/DD SERVICES: PERCENT CHANGE FY 2011-13¹

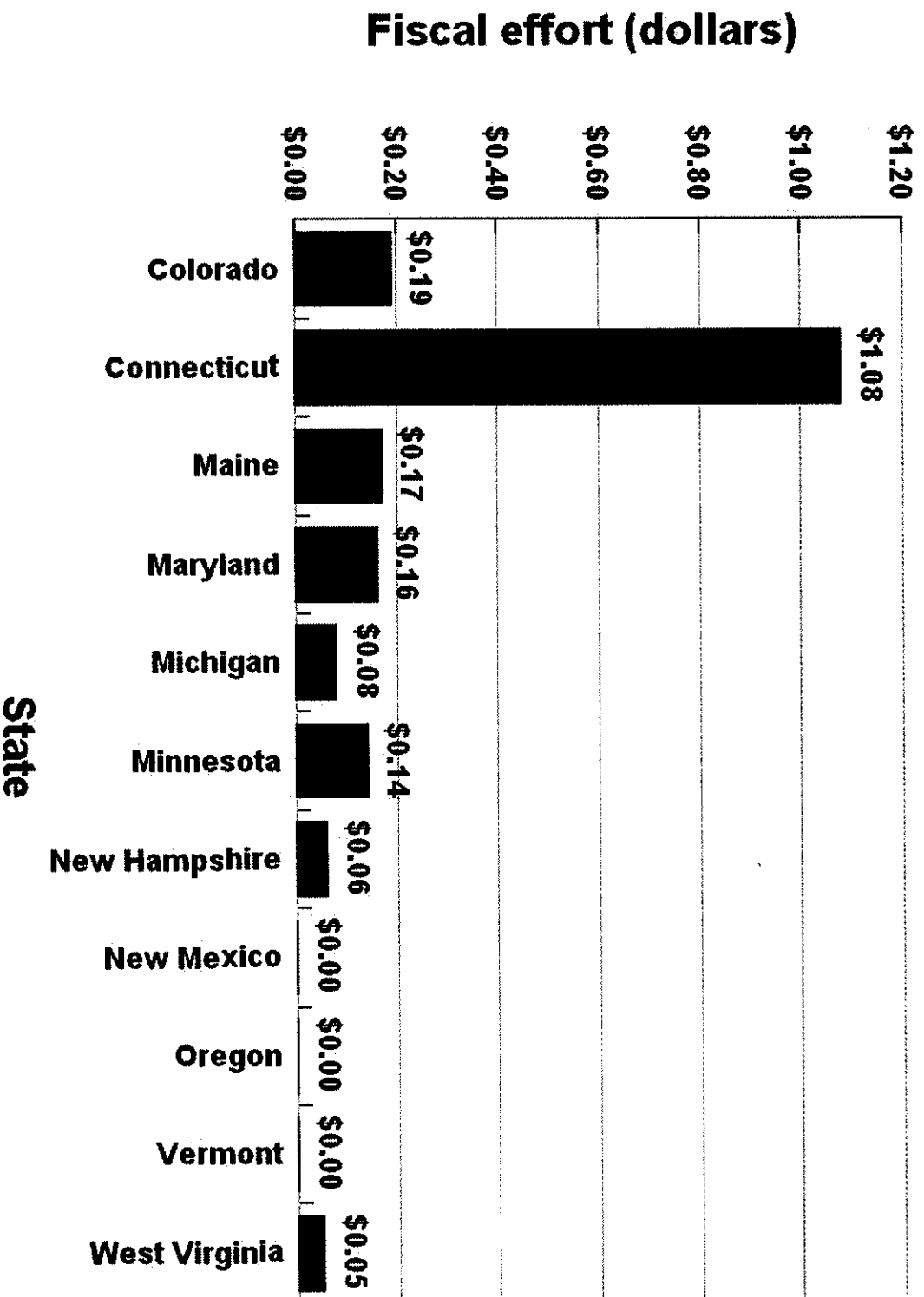
State	2013	2011	% Change	Rank ²
Colorado	\$2.19	\$2.34	-6%	40
Connecticut	\$5.65	\$5.04	12%	9
Maine	\$8.33	\$7.71	8%	12
Maryland	\$3.22	\$3.10	4%	17
Michigan	\$3.86	\$3.84	0.5%	18
Minnesota	\$6.73	\$7.13	-6%	38
New Hampshire	\$4.24	\$4.24	0%	19
New Mexico	\$4.85	\$5.04	-4%	33
Oregon	\$5.19	\$5.26	-1%	26
Vermont	\$6.34	\$6.35	-0.2%	20
West Virginia	\$6.81	\$5.80	17%	7
United States	\$4.40	\$4.40	0.1%	

¹ "Fiscal effort" is spending for I/DD services per \$1,000 of aggregate statewide personal income.

² States' ranking, highest to lowest, on percentage change in total fiscal effort from 2011 to 2013.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

INSTITUTIONAL FISCAL EFFORT: FY 2013



Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession

STATE FISCAL EFFORT RANKINGS: FY 2011 and 2013¹

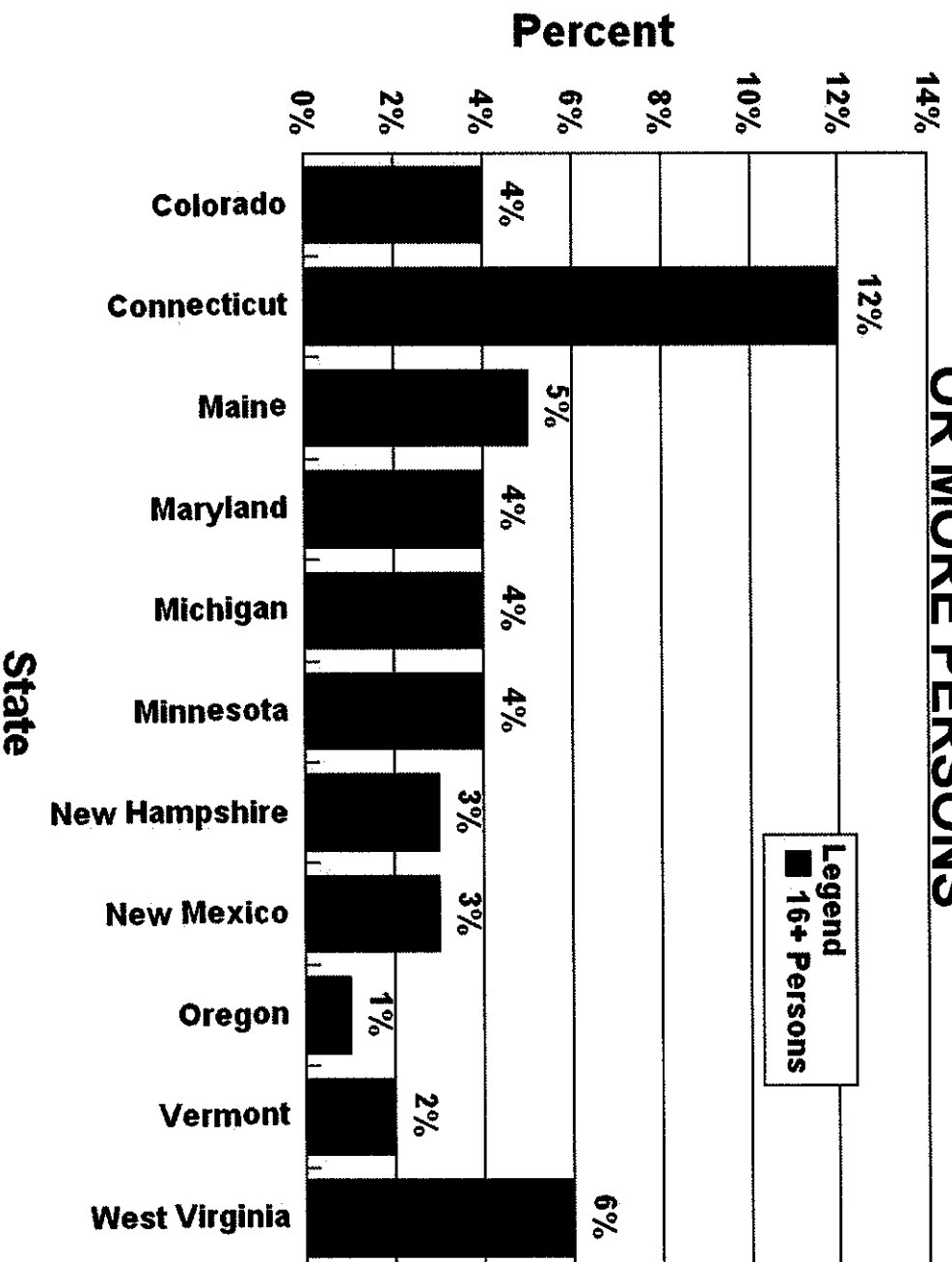
State	Total Spending		Community		Institutional ²	
	2013	2011	2013	2011	2013	2011
Colorado	48	47	48	42	33	38
Connecticut	13	19	19	21	6	13
Maine	2	3	2	2	34	42
Maryland	42	41	36	37	35	36
Michigan	33	31	25	24	42	43
Minnesota	7	5	4	3	37	37
New Hampshire	27	24	20	20	43	45
New Mexico	21	20	17	14	45	47
Oregon	18	16	11	10	51	46
Vermont	9	8	6	5	45	47
West Virginia	6	11	3	7	44	44

¹ "Fiscal effort" is spending for I/DD services per \$1,000 of aggregate statewide personal income. See Part Two of this monograph for 1977- 2013 fiscal effort levels for each state.

² In 2013, AL, AK, DC, HI, NM, and VT had no institutional spending, and were tied for 45th.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

PERCENT OF OUT-OF-HOME RESIDENTIAL SETTINGS DEVOTED TO SETTINGS FOR 16 OR MORE PERSONS



Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession.

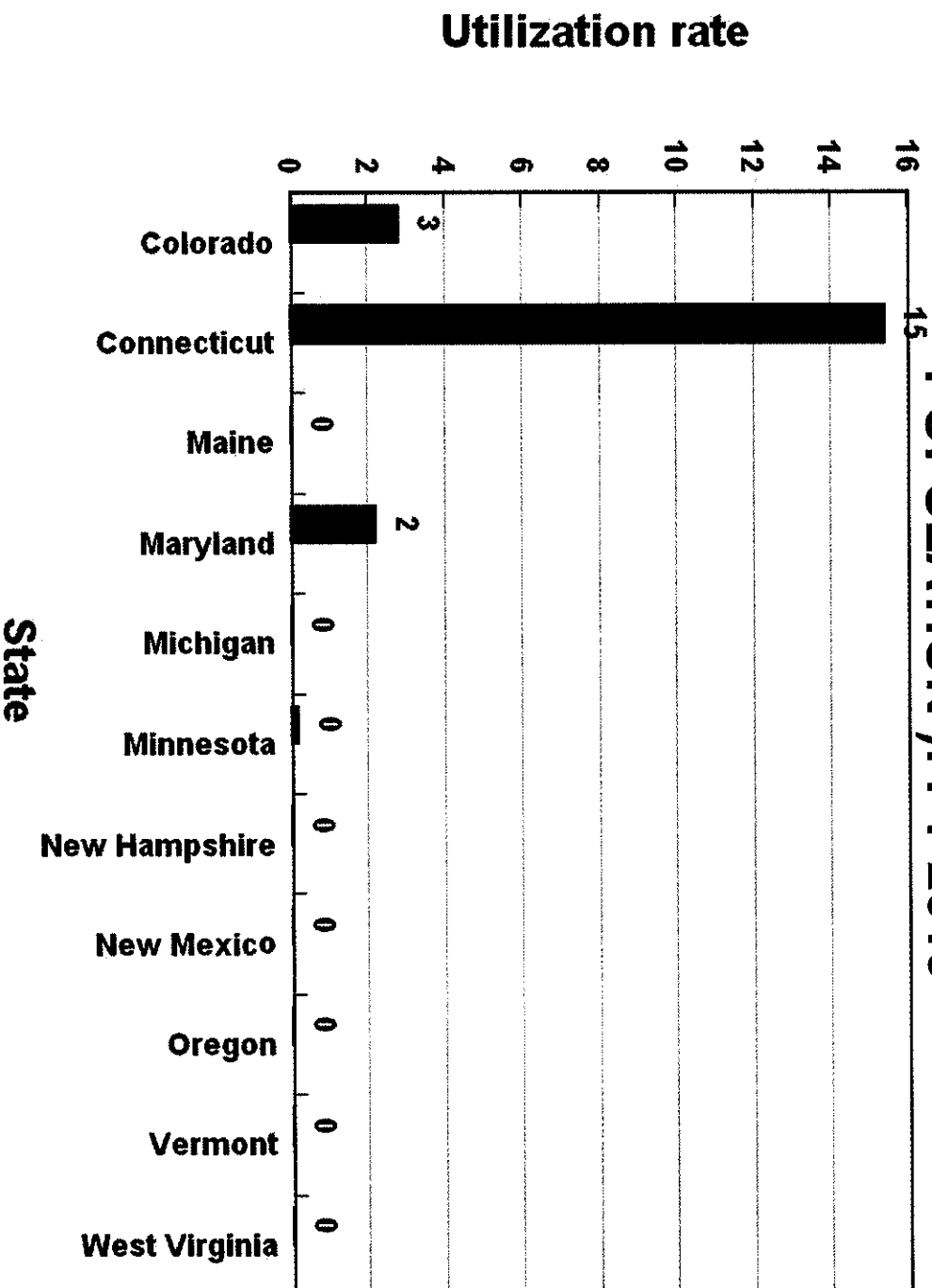
AVERAGE DAILY RESIDENTS IN STATE-OPERATED 16+ I/DD INSTITUTIONS FY 2011-13

State	2013	2011	% Change 2011-13	2013 Utilization ¹ Rate	Rank
Colorado	149	160	-7%	2.8	20
Connecticut	552	656	-16%	15.4	47
Maine	0	0		0.0	1
Maryland	129	147	-12%	2.2	17
Michigan	0	0		0.0	1
Minnesota	10	21	-52%	0.2	14
New Hampshire	0	0		0.0	1
New Mexico	0	0		0.0	1
Oregon	0	0		0.0	1
Vermont	0	0		0.0	1
West Virginia	0	0		0.0	1
United States	24,675	29,576	-17%	7.8	

¹ Utilization in 2013 per 100,000 citizens of the general population in the state and states' ranking, lowest to highest, on institutional utilization. Alabama's census of 91 in 2011 was for the months before Partlow closed; Indiana census in 2011 was for mental health center I/DD units no longer utilized.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

UTILIZATION OF STATE INSTITUTIONS FOR 16 OR MORE (PER 100,000 OF STATE POPULATION): FY 2013



Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession.

AVERAGE DAILY SPENDING PER PERSON IN STATE- OPERATED INSTITUTIONS: FY 2011-13¹

State	Real Change 2011-2013 ²		
	FY 2013	FY 2011	
Colorado	\$846	\$604	36%
Connecticut	\$1,133	\$769	43%
Maine			
Maryland	\$1,084	\$1,132	-7%
Michigan			
Minnesota ¹	\$1,179	\$1,324	-14%
New Hampshire			
New Mexico			
Oregon			
Vermont			
West Virginia			
United States	\$701	\$593	14.5%

¹ States with no data reported did not operate 16+ state-operated institutions; Minnesota has closed the last institution, but there are still 10 persons pending alternative placements.

² Adjusted for inflation.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

THE HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER: I/DD PARTICIPANTS AND SPENDING IN FY 2013

State	Years in Effect	Participants	Spending ¹	Waiver Spending %		Rank ³
				Waiver Cost Per Participant	of Total I/DD Spending	
Colorado	30	8,072	\$328,451,248	\$40,690	62%	38
Connecticut	26	9,346	\$761,400,745	\$81,468	62%	6
Maine	30	4,185	\$319,782,934	\$76,412	71%	2
Maryland	30	13,407	\$753,351,350	\$56,191	73%	18
Michigan ⁴	26	23,584	\$959,182,512	\$40,671	65%	30
Minnesota	29	19,738	\$1,247,493,417	\$63,203	73%	5
New Hampshire	30	4,637	\$212,483,988	\$45,824	76%	12
New Mexico	29	4,071	\$285,659,316	\$70,169	79%	16
Oregon	32	14,335	\$479,015,065	\$33,416	60%	21
Vermont ⁴	31	2,768	\$150,406,247	\$54,338	84%	3
West Virginia	30	4,492	\$335,490,977	\$74,686	75%	11
United States	32	108,635	\$5,832,717,798	\$45,795	51%	

¹ Federal, state and local government Waiver spending; ² Per citizen of the general population of the state.

³ States' ranking, highest to lowest, on federal-state Waiver spending per citizen of the general population.

⁴ Waiver spending in Arizona derived from a Section 1115 Research and Demonstration Waiver; in Michigan, \$959.2 million of spending consisted of the State's 1915b/c Waiver and "B-3 Community Living Services"; in Vermont, \$150.4 million derived from the Global Commitment to Health managed care program; and in Wisconsin \$877.5 consisted of the "Family Care and Family Care Partnership/PACE managed care program.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

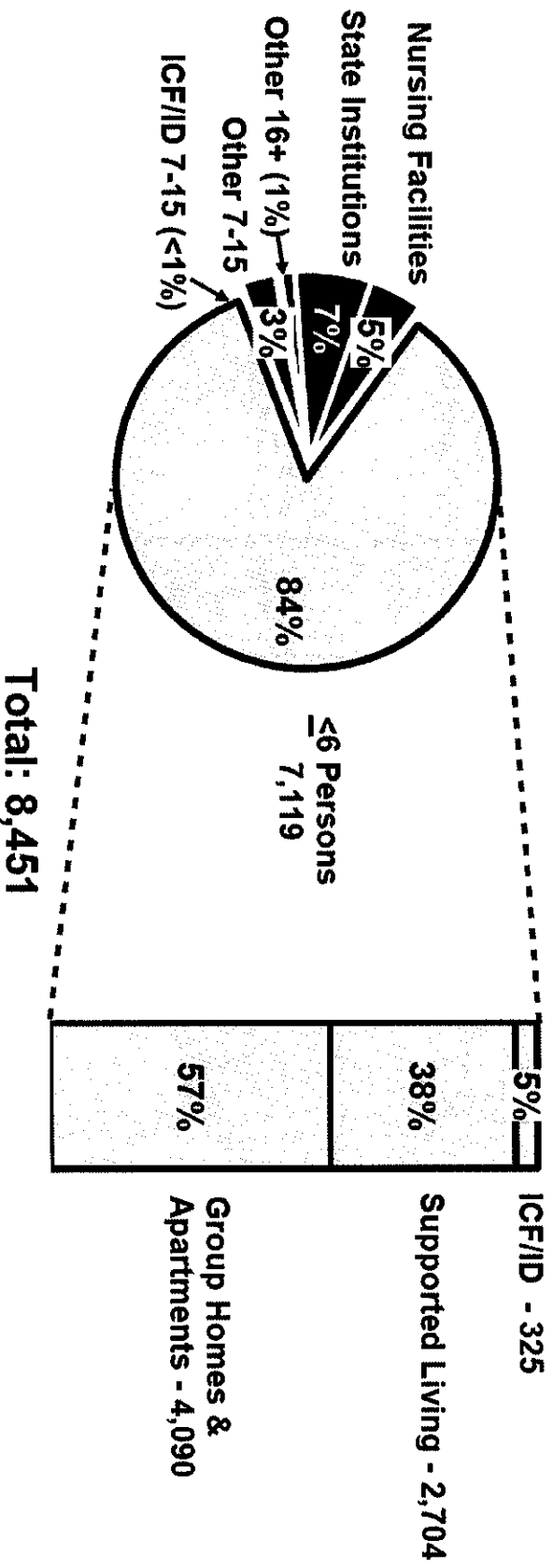
ESTIMATED NUMBER OF PERSONS WITH I/DD LIVING WITH AGING CAREGIVERS IN FY 2013¹

State	Persons with I/DD
Colorado	12,118
Connecticut	10,645
Maine	4,230
Maryland	15,794
Michigan	24,123
Minnesota	12,401
New Hampshire	3,631
New Mexico	6,361
Oregon	9,470
Vermont	1,794
West Virginia	5,860
United States	863,314

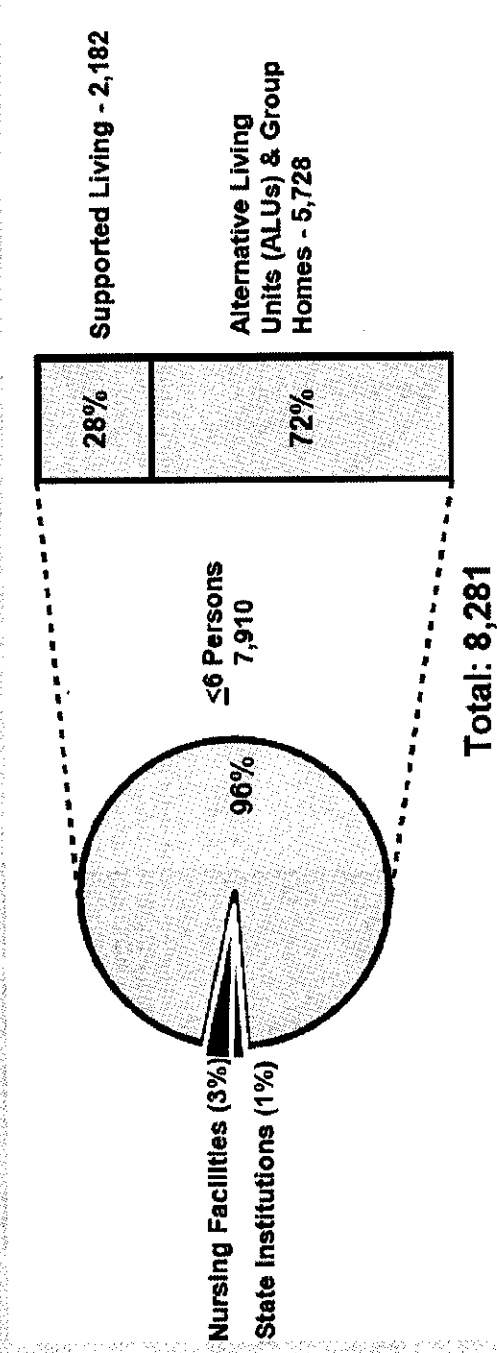
¹ Caregivers aged 60 years and older.

Source: Braddock et al., Coleman Institute and
Department of Psychiatry, University of Colorado, 2015.

Connecticut

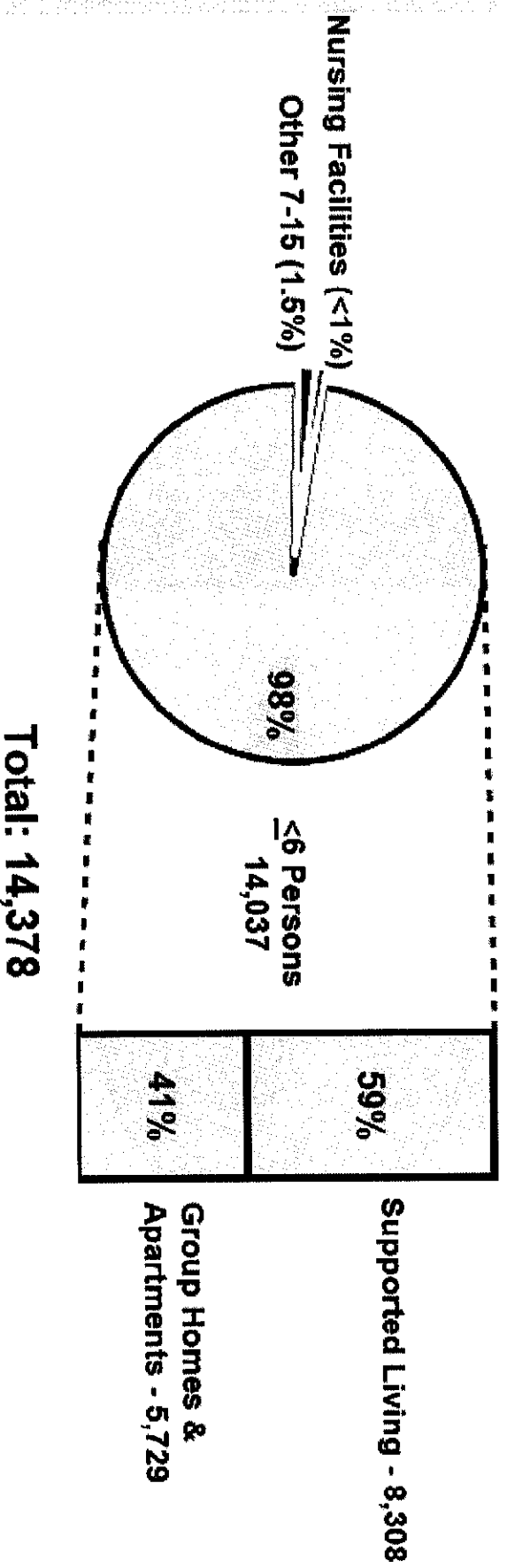


Maryland



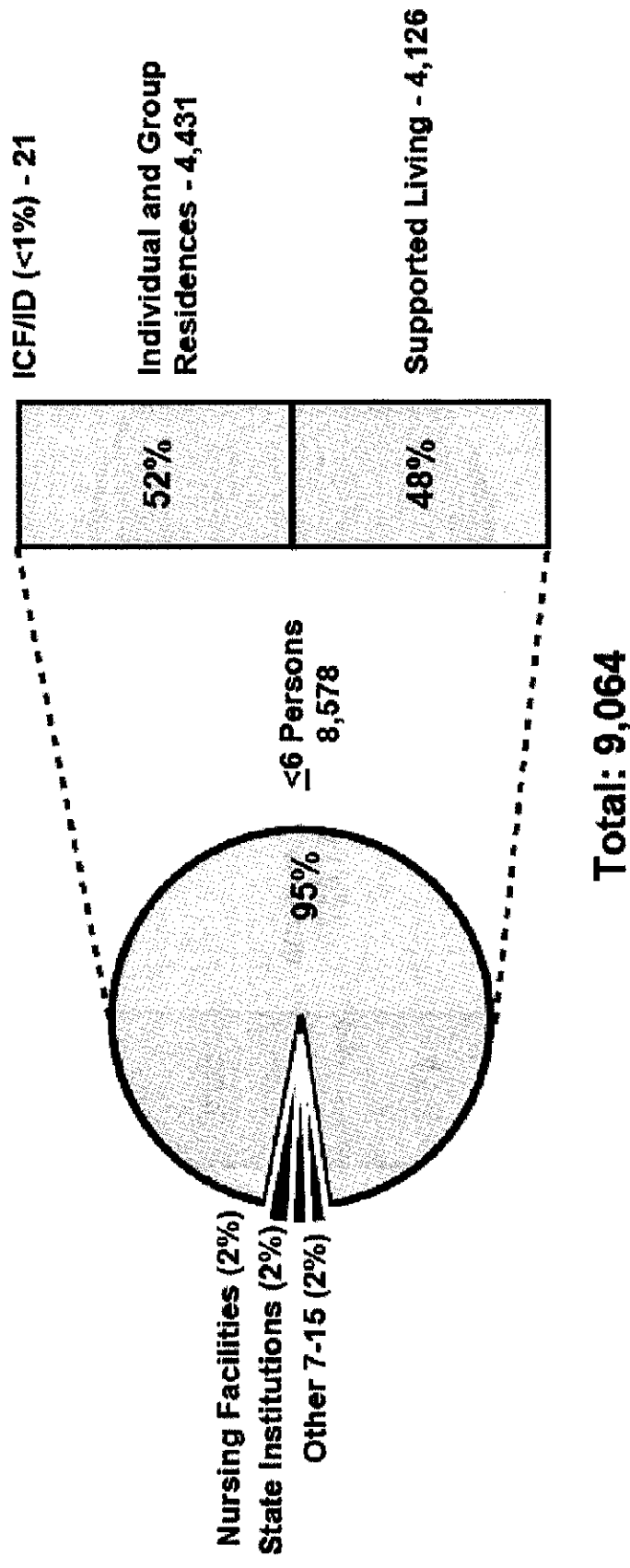
Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession.

Oregon



Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession.

Colorado



Source: Braddock et al. (2015). The State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession.

Contact Information

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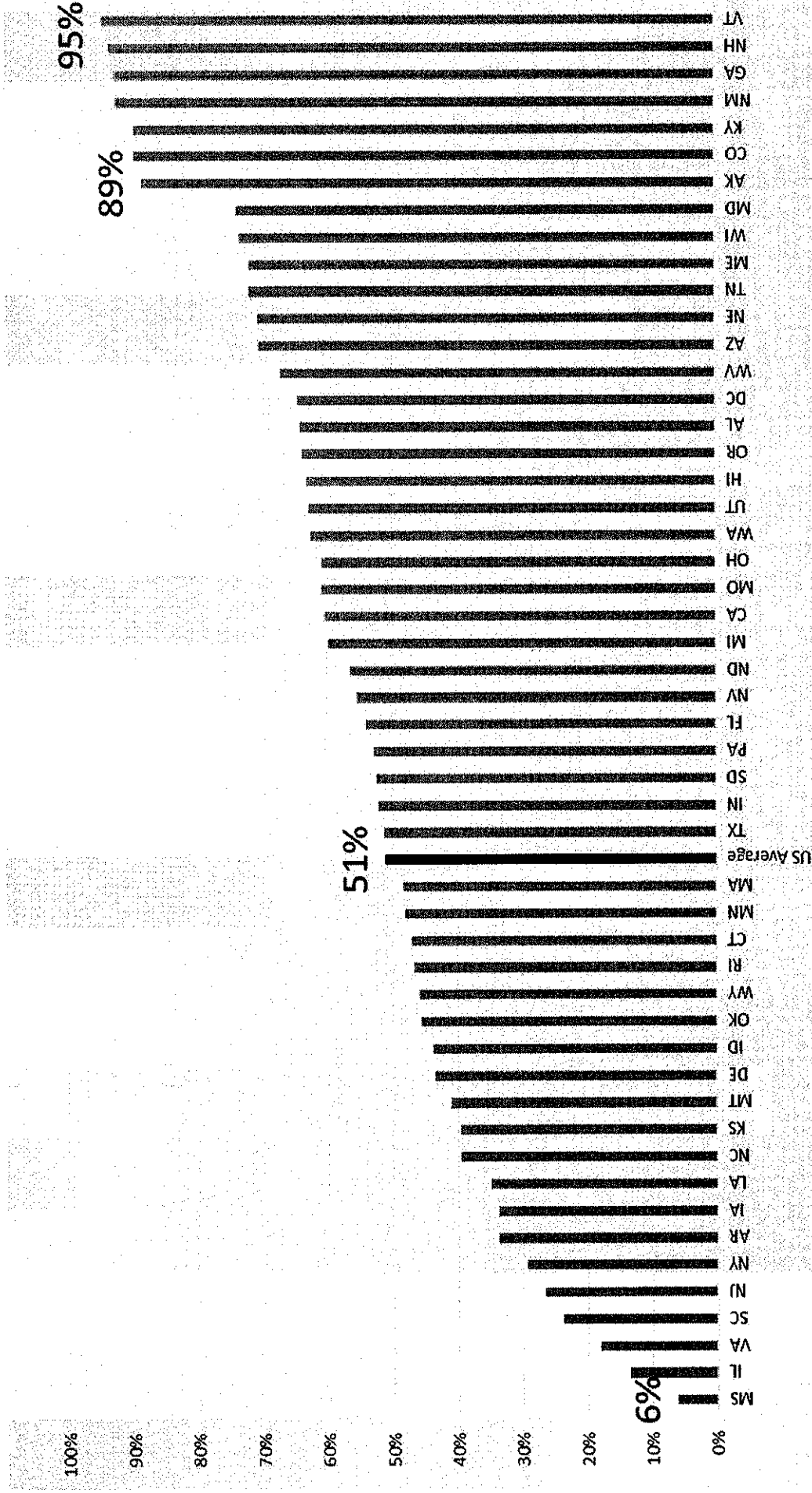
Minneapolis, MN 55455

RISP/FISP Data MN: Amy Hewitt (Co-PI), Libby Muchow-Hallis, Lynda Anderson, Sandy Pettingall, Kristin Dean, John Westerman, Jonathan Walz, Shawn Lawler, John Smith

HSRI: John Agosta, Faythe Faiken, Yoshi Kardell

NASDDDS: Mary Sower, Nancy Thayler, Mary Lee Fay

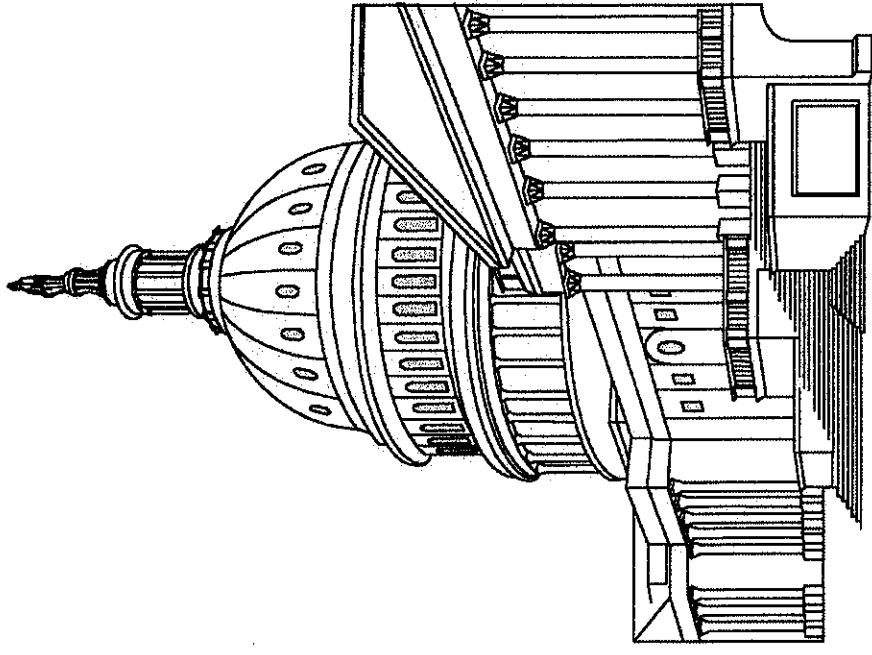
% Living in a home with 3 or fewer people with IDD (Other than with a family member)



Community Supported Living

- Separates place from supports
- Presumes that everyone can live in their own “home” with support
- Presumes that everyone can make a valued contribution to community life with support
- Presumes person does not need to be “fixed”
- Built on presumption of “integration”/inclusion
- Community Care of Central Wisconsin's data:
 - 98 people in supportive living; \$61.45/day
 - In 1-8 person facility with sleep staff at night average \$77.03/day (20% more)
 - In 1-8 person facility with awake staff at night average of \$107.03/day (42% more)

Key Federal Policies and Court Decisions for Systems Change: The Context



Purpose of DD Act (mission)

“to assure that individuals with DD and their families participate in the design and have access to needed community services, individualized supports, and other forms of assistance that **promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs** authorized...”

Section 101 (b)

ADA INTEGRATION MANDATE

- **“A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”**

28CFR section 35.130(D)

OLMSTEAD vs. L.C. & E.W.:

Supreme Court Decision (June, 1999)

1. What Did the Supreme Court Say?

A. The ADA is a fundamental civil rights statute!

B. The Court acknowledged that Congress found that discrimination against people with disabilities includes segregation, isolation & institutionalization

Conclusions from Olmstead:

- The ADA is a **Civil Rights Law** that applies to all people with disabilities across the age span
- The Integration Mandate is not only for Medicaid beneficiaries and Medicaid services
- **The Integration Mandate is really about how states and counties organize services and supports**
- The Integration Mandate is about informed consumer choice
- **Olmstead is about planning & systems change; Rebalancing**

CMS Issues Final Rules on HCBS and the Definition of Community: Jan. 16, 2014

- Applies to 1915 (c) HCBS waivers; 1915 (l) SPA for HCBS; and, 1915 (k) Community First Choice SPA
- Extensive criteria for the development of a “person centered plan”
- “Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the PCP

CMS Final Rules: 1-16-2014, cont.

Non-disability specific settings & an option for a private unit in a residential setting. The setting options are identified & documented in the person-centered service plan and are based on the individual's needs, preferences & for residential settings, resources available for room and board.”

“(iv) Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including, daily activities, physical environment, & with whom to interact.”

CMS Final Rule, 1-16-2014, cont.

- “ (i) **The setting is integrated** in and supports **full access** of individuals receiving Medicaid HCBS to the **greater community**, including opportunities to seek employment, and work in competitive integrated settings, **engage in community life**, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- (ii) The setting is selected by the individual from among setting options including....

Heading for a crash!

Weighty Legacy
Services & Structures

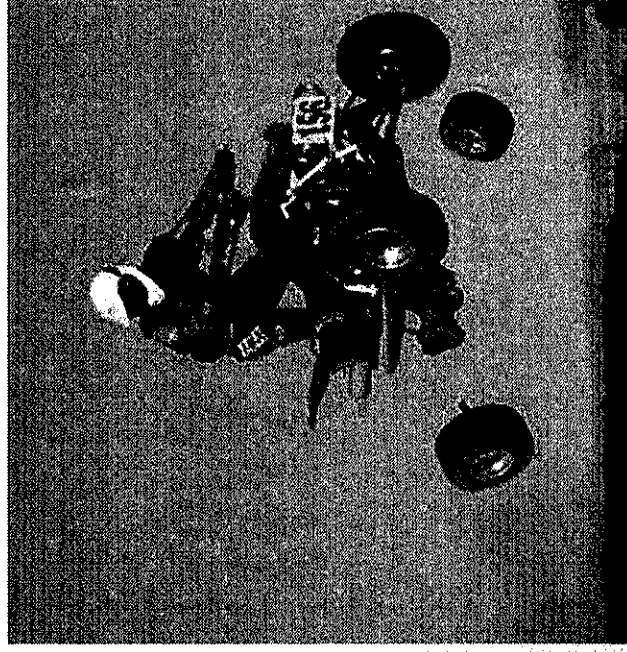
Rising Unmet
Demand

Workforce
Shortages

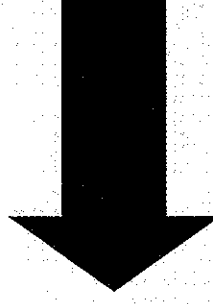
Fragmentation

Quality
Problems

Antiquated
Technologies



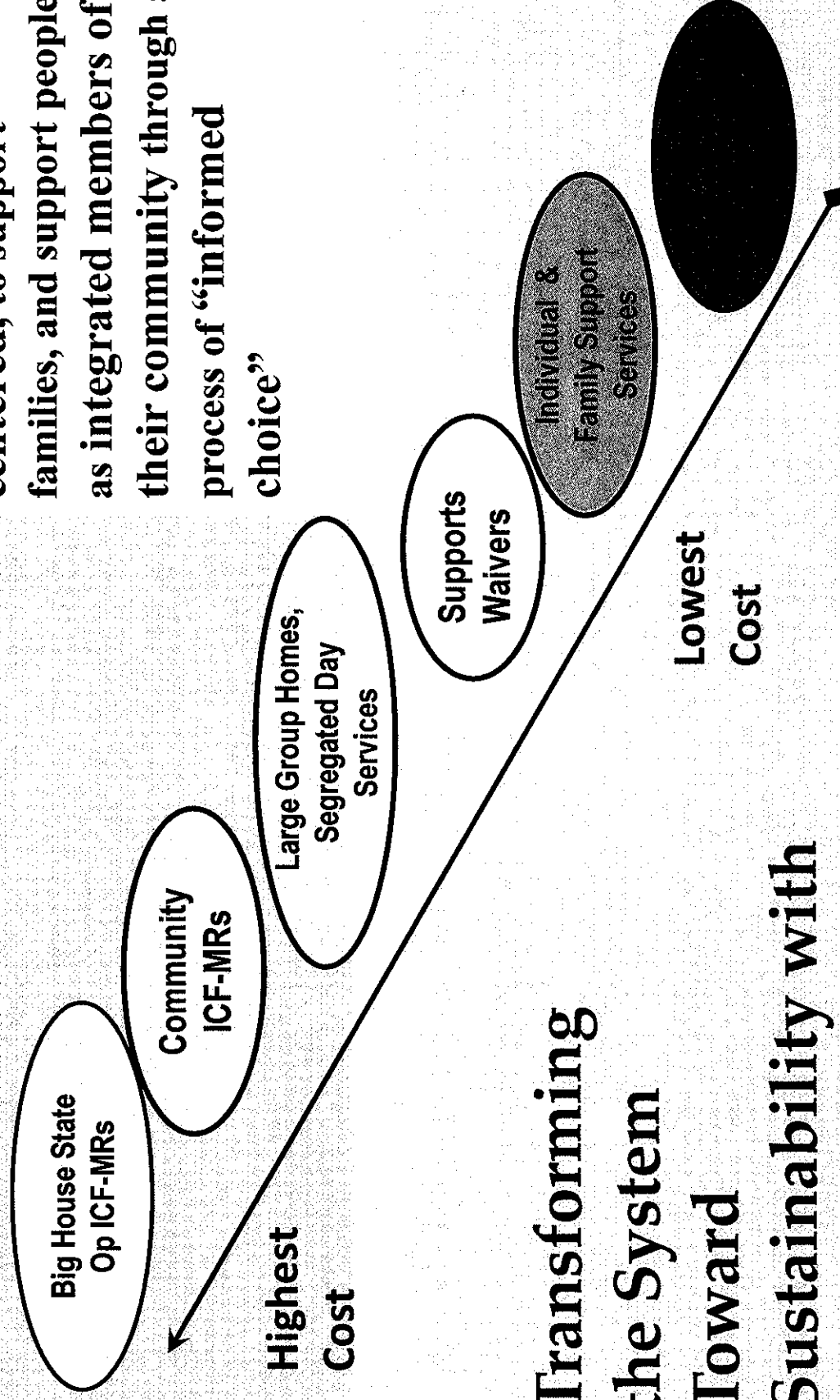
Budget Shortfalls



CT. Must Have a Real 5 Year Plan

- You cannot afford to run a dual system
- The state has a direct conflict of interest as long as it is a service provider, case manager & responsible for Q.A.
- You must manage resources effectively & efficiently; not sustainable; demographics
- The state must get out of the provision of all DDS direct services & close all ICFs.
- Tony Records, Southbury Settlement Agreement Remedial Expert, says “close”.
- Or...do you want a third party- CMS &/or the DOJ and a federal judge to do it?

The idea is to transform a system to be person-centered, to support families, and support people as integrated members of their community through a process of “informed choice”



**Transforming
the System
Toward
Sustainability with
“Best practice”,
CMS setting rules
& DOJ “integration”**

Essential Elements of the State Plan

A. Public Policy Alignment:

- 1. Review and amend as needed all DDS state statutes for alignment with the Olmstead decision and new rules for HCBS from CMS, including person-centered planning**
- 2. Recognize families and individuals with disabilities as partners; public/private partnerships; not all the state's job;**
- 3. Review and amend the HCBS waiver and service definitions for “best practice”;**

Elements of the State Plan, 2

4. Review & amend the state's top rates in the Money Follows the Person (MFP) grant from CMS to access increased federal dollars (75% vs. 50%) for individuals leaving "institutions" for the first 365 days;
5. Evaluate all federal and state housing programs or develop new ones to allocate resources for low interest loans and rental subsidies for integrated community living;

Elements of the State Plan, 3

6. Mandate that all savings from the system rebalancing be reinvested into the DDS system, for infrastructure and to

systematically address the waiting list in a fair and equitable manner; not just for crises;

B. Rates & Reimbursement Methodology

1. Conduct study to collect data for service costs based on new service definitions, provider/staff qualifications/competencies, and outcomes, & appropriate wages/benefits based on BLS data

Elements of the State Plan, 4

2. Provide funding for real time electronic records for both tracking time and performance outcomes;

C. Capacity Building to Enhance and Expand Current Community System &

Providers:

1. Build on the current provider mentoring initiative funded by DDS for 8 providers to learn supportive living & group home conversion & person-centered planning;

Elements of the State Plan, 5

2. Develop competency in Positive Behavioral Intervention Supports (PBIS); begin by tapping the national expertise of Dr. George Sugai, at UConn, one of two major research, training & technical assistance centers in the U.S., funded by the U. S. Department of Education;
3. Develop core competencies in the UConn Health Center and at least two other regional medical schools/teaching hospitals;

Elements of the State Plan, 6

D. Invest in ongoing staff development, training, coaching and technical assistance to enhance skills to meet performance outcomes: as a cost of doing business:

1. For private providers;
2. For DDS central office and regional staff.

E. Invest in organizational development consultation for providers:

1. To manage culture change
2. To prepare for new business models

Elements of the State Plan, 7

F. Provide resources to assure family members with a loved one leaving a state facility are assured opportunities to see, interview and evaluate providers:

- 1. Develop a core of competent case managers/service coordinators dedicated to working with this group of families to address their legitimate anxiety, fears and concerns on a personal basis;**

Elements of the State Plan, 8

2. Recruit, train, support and pay family members who have been through the deinstitutionalization process with good outcomes for their loved one, to serve as peer mentors and support;
3. Create a process for families wishing to meet with other families to do so in a safe, neutral environment with either peer mentors and/or dedicated service coordinators.

Elements of the State Plan, 9

4. Provide training to providers to assure that all families are treated with dignity and respect and that no one leaving a state operated facility is treated like a person on the “auction block”;

Leadership Development for Professionals:

1. Create forums and roundtables for professionals to meet, share and learn from each other as the system rebalancing and transformation continues;

Elements of the State Plan, 10

G. Develop benchmark data and measurable outcomes for system change:

1. Determine realistic goals that are measurable and provide accountability with quarterly and annual reporting;
2. Assure that health status is regularly assessed for early detection by using a tool like the Health Risk Screening Tool (HRST); a web-based tool that families and Direct Support Professionals can be trained to administer;

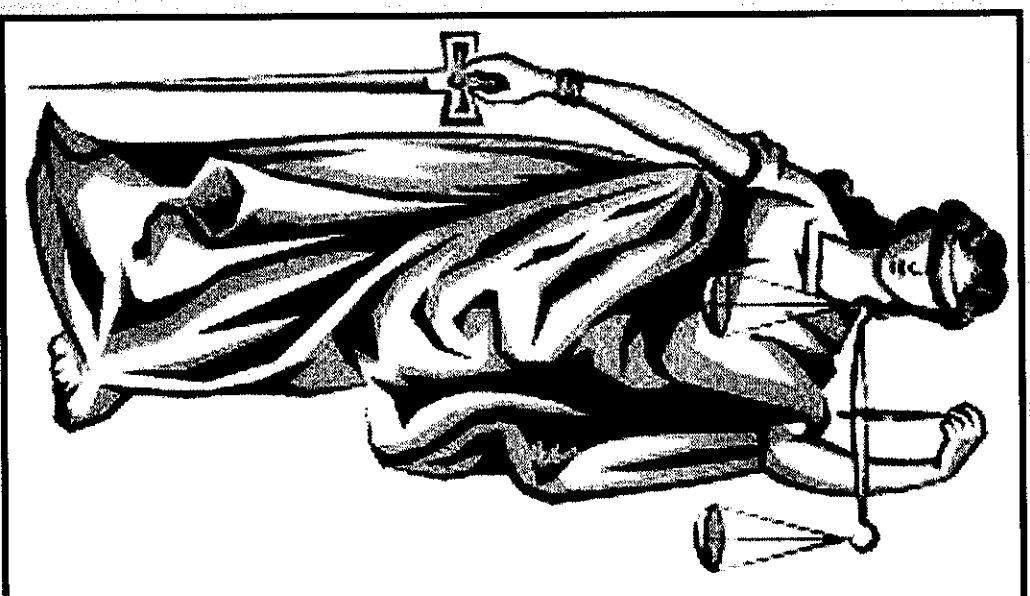
THE ULTIMATE TEST OF POLICY IS YOUR BUDGET

- Many words of law represent hollow promises for individuals with disabilities;
- No incentives or accountability for valued outcomes and results; must develop outcomes and incentives!
- **We need to talk about ROI**
 - A return on investment to the person with a disability, government and, thus, the tax payer; win-win

A Vision that People.....

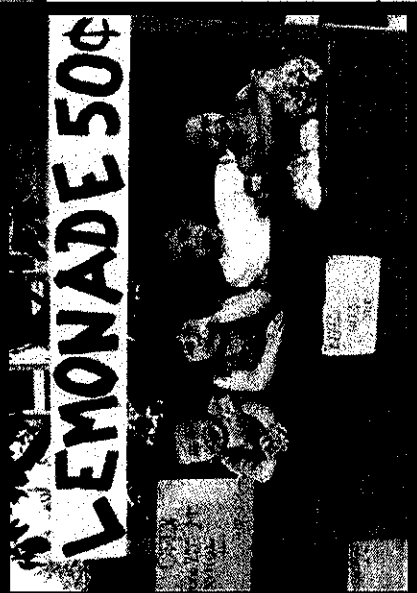
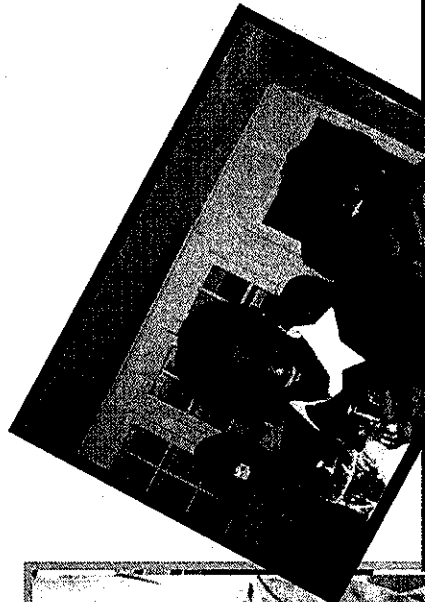
- Will be healthy, happy and safe
- Will have family and friends in their lives
- Will go to school and be fully involved
- Will work at a good paying job
- Will make decisions about their life – both major and minor
- Will be contributing citizens of their community
- Will have dreams that come true

“Equal Justice Under the Law”



ALLAN I. BERGMAN

Mission-based Consulting and Training



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ALLAN I. BERGMAN High Impact

Mission-based Consulting and Training



Connecticut Residents Served by the Department of Developmental Services with Waiting and Planning List Data by Senator

DDS Data for 12/31/14	
Priority	Number of Individuals
E	666
1	238
2 or 3	1233

Senator	District #	Member of			Towns	Number Receiving DDS Services	Requesting Residential Support		
							Priority E or 1		Priority 2 or 3
		I/DD Caucus	Appr	PH			WL*	Other**	PL***
Bartolomeo, Dante	13	●	●		Cheshire	159	9	3	12
					Meriden	353	10	2	23
					Middlefield	16	0	0	4
					Middletown	245	9	4	26
Boucher, Toni	26	●			New Canaan	43	1	0	7
					Redding	14	3	0	2
					Ridgefield	38	5	0	6
					Weston	20	2	0	1
					Westport	78	8	1	5
					Wilton	32	2	2	3
Bye, Beth	5	●	●		Bloomfield	142	4	4	11
					Burlington	41	1	0	3
					Farmington	94	6	1	12
					West Hartford	299	13	5	25

Cassano, Steve	4	●			Andover	12	2	0	1
					Bolton	23	0	0	2
					Glastonbury	98	3	4	13
					Manchester	415	10	13	25
Chapin, Clark	30		●		Brookfield	58	2	0	4
					Canaan	17	0	0	0
					Cornwall	2	0	0	0
					Goshen	9	0	0	1
					Kent	4	0	0	0
					Litchfield	30	0	1	3
					Morris	3	1	0	0
					New Milford	99	5	3	9
					North Canaan	43	0	0	0
					Salisbury	3	0	0	0
					Sharon	5	0	0	0
					Torrington	312	10	10	9
					Warren	2	2	0	0
					Winchester	102	5	1	3
Coleman, Eric	2				Bloomfield	142	4	4	11
					Hartford	490	19	4	40
					Windsor	211	3	2	14
Crisco, Joe	17			●	Ansonia	88	5	0	7
					Beacon Falls	11	0	0	3
					Bethany	20	1	1	1
					Derby	58	2	0	5
					Hamden	328	13	2	22
					Naugatuck	121	11	4	11
Doyle, Paul	9				Woodbridge	35	3	0	4
					Cromwell	76	5	1	8
					Middletown	245	9	4	26
					Newington	168	8	1	14
					Rocky Hill	84	3	2	6
Duff, Bob	25	●			Wethersfield	137	6	6	10
					Darien	35	2	1	5
Fasano, Len	34	●			Norwalk	314	15	14	15
					East Haven	148	13	1	7
					North Haven	634	3	0	13
Flexer, Mae	29		●		Wallingford	180	8	3	25
					Brooklyn	55	4	0	1
					Canterbury	22	0	0	0
					Killingly	179	1	0	13
					Mansfield	51	0	0	3
					Putnam	77	1	1	7
					Scotland	5	0	0	3
					Thompson	42	0	0	1
Fonfara,	1				Windham	167	6	3	6
					Hartford	490	19	4	40

John					Wethersfield	137	6	6	10
Formica, Paul	20		•		Bozrah	13	0	0	1
					East Lyme	78	4	3	14
					Montville	105	7	0	9
					New London	130	9	2	8
					Old Lyme	32	1	1	2
					Old Saybrook	41	2	0	3
					Salem	18	0	0	1
					Waterford	124	9	2	9
Frantz, L. Scott	36		•		Greenwich	164	8	5	4
					New Canaan	43	1	0	7
					Stamford	287	14	1	17
Gerratana, Terry	6		•	•	Berlin	67	2	1	8
					Bethel	79	6	1	12
					New Britain	342	18	3	21
Guglielmo, Tony	35	•			Ashford	14	0	0	1
					Chaplin	3	0	0	0
					Coventry	54	1	0	2
					Eastford	7	0	0	2
					Ellington	58	3	0	2
					Hampton	8	0	1	0
					Pomfret	31	1	0	0
					Stafford	29	1	0	10
					Tolland	47	1	0	6
					Vernon	130	4	0	11
					Willington	14	0	0	0
					Woodstock	30	1	1	5
Hartley, Joan	15		•		Middlebury	30	0	2	0
					Naugatuck	121	11	4	11
					Waterbury	587	26	24	26
Hwang, Tony	28	•			Easton	17	0	1	1
					Fairfield	152	7	4	12
					Newtown	72	7	0	1
					Weston	20	2	0	1
					Westport	78	8	1	5
Kane, Bob	32		•	•	Bethlehem	10	0	0	1
					Bridgewater	1	0	0	0
					Middlebury	30	0	2	0
					Oxford	43	4	1	2
					Roxbury	10	0	0	0
					Seymour	49	0	0	4
					Southbury	457	2	3	4
					Washington	3	0	0	1
					Watertown	148	8	2	2
					Woodbury	33	1	1	3
Kelly, Kevin	21				Monroe	73	2	1	9
					Seymour	49	0	0	4

					Shelton	108	5	2	28
					Stratford	289	10	8	20
Kennedy Jr., Ted	12	●		●	Branford	107	2	1	11
					Durham	36	2	0	5
					Guilford	108	7	1	7
					Killingworth	15	0	0	4
					Madison	43	6	0	7
					N. Branford	61	3	0	13
Kissel, John	7		●		East Granby	13	1	0	3
					Enfield	157	7	1	21
					Granby	46	2	0	1
					Somers	27	2	0	2
					Suffield	49	3	1	4
					Windsor	211	3	2	14
Larson, Timothy	3				Windsor Locks	43	2	1	4
					East Hartford	269	11	2	22
					East Windsor	43	3	1	8
					Ellington	58	3	0	2
Leone, Carlo	27				S. Windsor	106	4	0	11
					Darien	35	2	1	5
Linares, Art	33				Stamford	287	14	1	17
					Chester	31	0	0	1
					Clinton	115	5	0	10
					Colchester	95	2	2	3
					Deep River	19	3	0	0
					East Haddam	36	1	0	2
					East Hampton	38	0	2	5
					Essex	6	1	1	1
					Haddam	25	1	1	4
					Lyme	10	2	0	0
					Old Saybrook	41	2	0	3
					Portland	39	0	0	9
					Westbrook	46	3	0	7
Looney, Martin	11				Hamden	328	13	2	29
					New Haven	634	36	6	66
					North Haven	158	3	0	13
Markley, Joe	16		●	●	Cheshire	159	9	3	12
					Prospect	55	2	0	4
					Southington	169	5	1	8
					Waterbury	587	26	24	26
					Wolcott	90	3	0	8
Martin, Henri	31				Bristol	261	13	3	23
					Plainville	96	4	3	8
					Plymouth	48	2	0	5
					Thomaston	26	2	0	2
Maynard, Andrew	18				Griswold	40	2	1	5
					Groton	188	10	2	10

					N. Stonington	19	0	0	3
					Plainfield	82	3	0	14
					Preston	16	1	0	1
					Sterling	10	0	1	0
					Stonington	43	4	0	6
					Voluntown	3	0	0	0
McLachlan, Michael	24				Bethel	79	6	1	2
					Danbury	290	11	9	20
					New Fairfield	34	1	1	3
					Sherman	3	0	0	1
Moore, Marilyn	22	•		•	Bridgeport	673	36	11	51
					Monroe	73	2	1	9
					Trumbull	205	7	4	15
Osten, Cathy	19	•			Columbia	59	1	2	1
					Franklin	16	0	0	0
					Hebron	40	0	0	3
					Lebanon	69	3	1	3
					Ledyard	66	2	1	5
					Lisbon	12	0	0	3
					Marlborough	19	0	0	3
					Montville	105	7	0	9
					Norwich	260	12	1	19
					Sprague	10	0	0	1
Slossberg, Gayle	14		•		Milford	171	3	1	13
					Orange	51	3	0	1
					West Haven	223	10	4	21
					Woodbridge	35	3	0	4
Winfield, Gary	10		•		New Haven	634	36	6	66
					West Haven	223	10	4	21
Witkos, Kevin	8	•			Avon	65	2	0	9
					Barkhamsted	12	0	0	4
					Canton	26	1	0	3
					Colebrook	5	0	0	0
					Granby	46	2	0	1
					Hartland	13	1	0	0
					Harwinton	25	1	0	2
					New Hartford	37	0	1	0
					Norfolk	4	1	0	0
					Simsbury	68	2	1	7
					Torrington	312	10	10	9
Seat vacant	23				Bridgeport	673	36	11	51
					Stratford	289	10	8	20

Key:

I/DD: Member of the Intellectual and Developmental Disabilities Caucus

Appr: Member of the Appropriations Committee

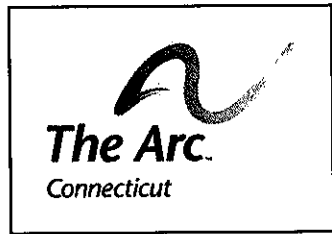
PH: Member of the Public Health Committee

Towns: Legislator represents constituents in the towns listed

***WL:** Waiting List – Individuals living either in their own or family who currently receive no funded residential supports from DDS; classified as Priority E (has immediate need for residential placement, support or services) or Priority 1 (individual or family is requesting placement within 1 year and has been determined to have the most pressing need for services)

****Other Residential Needs** – Individuals either receive DDS funded residential supports and services and need additional supports or live in institutional settings (DDS Campus facilities or Long Term Care Settings) and wish to move to a community residential setting; classified as Priority E or 1

*****Planning list** – Individuals with residential who currently receive no services and have been classified by DDS as Priority 2 or 3 (want or will need services in 2 or more years). But in reality many of the these individuals are in need of services now.



Connecticut Residents Served by the Department of Developmental Services with Waiting and Planning List Data by Representative

DDS Data for 12/31/14	
Priority	Number of Individuals
E	666
1	238
2 or 3	1233

Representative	District #	Member of			Towns	Number Receiving DDS Services	Requesting Residential Support		
							Priority E or 1		Priority 2 or 3
		I/DD Caucus	Appr	PH			WL*	Other**	PL***
Abercrombie, Cathy	83	•	•		Berlin	67	2	1	8
					Meriden	353	10	2	23
Ackert, Tim	8	•			Columbia	59	1	2	1
					Coventry	54	1	0	2
					Tolland	47	1	0	6
					Vernon	130	4	0	11
Acroniti, David	109				Danbury	290	11	9	20
Adams, Terry	146				Stamford	287	14	1	17
Alberts, Mike	50				Brooklyn	55	4	0	1
					Eastford	7	0	0	2
					Pomfret	31	1	0	0
					Woodstock	30	1	1	5
Albis, James	99				East Haven	148	13	1	7
Aldinolfi, Al	103	•		•	Cheshire	159	9	3	12
					Southington	169	5	1	8
					Wallingford	180	8	3	25

Alexander, David	58			●	Enfield	157	7	1	21
Altobello, Emil	82				Meriden Middlefield	353	10 0	2 0	23 4
Aman, William	14		●		S. Windsor	16	4	0	11
Arce, Angel	4				Hartford	490	19	4	40
Aresimowicz, Joe	30				Berlin Southington	67	2 5	1 1	8 8
Backer, Terry	121				Stratford	169	10	8	20
Baker, Andre F.	124		●	●	Bridgeport	673	36	11	51
Baram, David	15				Bloomfield Windsor	142 211	4 3	4 2	11 14
Becker, Brian	19	●			Avon Farmington West Hartford	65 94 299	2 6 13	0 1 5	9 12 25
Belsito, Sam	53		●		Ashford Tolland Willington	14 47 14	0 1 0	0 0 0	1 6 0
Berger, Jeffrey	73				Waterbury	587	26	24	26
Berthel, Eric	68			●	Watertown Woodbury	148	8 1	2 1	6 3
Betts, Whit	78	●	●	●	Bristol Plymouth	33	13 2	3 0	23 5
Bocchino, Mike	150	●			Greenwich	48	8	5	4
Bolinsky, Mitch	106	●	●		Newtown	72	7	0	1
Boukus, Elizabeth	22	●			New Britain Plainville	342	18 4	3 3	21 8
Brycki, Paul	45				Griswold Lisbon Plainfield Voluntown	96 12 82 3	2 0 3 0	1 0 0 0	5 3 14 0
Buck-Taylor, Cecilia	67	●			New Milford	99	5	3	9
Bumgardner, Aundre	41				Groton New London	188 130	10 9	2 2	10 8
Butler, Larry	72				Waterbury	587	26	24	26
Byron, Gary	27	●			Newington	168	8	1	14

Camillo, Fred	151	•			Greenwich	164	8	5	4
Candelaria, Juan	95		•		New Haven	634	36	6	66
Candelora, Vincent	86			•	Durham	36	2	0	5
					Guilford	108	7	1	7
					N. Branford	61	3	0	13
					Wallingford	180	8	3	25
Carney, Devin	23	•			Lyme	10	2	0	0
					Old Lyme	32	1	1	2
					Old Saybrook	41	2	0	3
					Westbrook	46	3	0	7
Carpino, Christie	32			•	Cromwell	76	5	1	8
					Portland	39	0	0	9
Carter, Dan	2				Bethel	79	6	1	2
					Danbury	290	11	9	20
					Newtown	72	7	0	1
					Redding	14	3	0	2
Case, Jay	63	•	•		Colebrook	5	0	0	0
					Goshen	9	0	0	1
					Torrington	312	10	10	9
					Winchester	102	5	1	3
Conroy, Theresa	105	•		•	Beacon Falls	11	0	0	3
					Derby	58	2	0	5
					Seymour	49	0	0	4
Cook, Michelle	65	•		•	Torrington	312	10	10	9
Cuevas, Victor	75		•		Waterbury	587	26	24	26
Currey, Jeff	11		•		East Hartford	269	11	2	22
					Manchester	415	10	13	25
					S. Windsor	106	4	0	11
D'Agostino, Mike	91				Hamden	328	13	2	29
D'Amelio, Anthony	71				Middlebury	30	0	2	0
					Waterbury	587	26	24	26
Dargan, Stephen	115				West Haven	223	10	4	21
Davis, Christoper	57	•			East Windsor	43	3	1	8
					Ellington	58	3	0	2
Demicco, Mike	21	•		•	Farmington	94	6	1	12
Devlin, Laura	134				Fairfield	152	7	4	12
					Trumbull	205	7	4	15
Dillon, Pat	92		•		New Haven	634	36	6	66
Dubitsky,	47				Canterbury	22	0	0	0

Doug					Franklin	16	0	0	0
					Hampton	8	0	1	0
					Lebanon	69	3	1	3
					Lisbon	12	0	0	3
					Norwich	260	12	1	19
					Scotland	5	0	0	3
					Sprague	10	0	0	1
Esposito Jr., Louis	116				New Haven	634	36	6	66
					West Haven	223	10	4	21
Ferraro, Charles	117	•	•		Milford	171	3	1	13
					Orange	51	3	0	1
					West Haven	223	10	4	21
Fleischmann, Andy	18		•		West Hartford	299	13	5	25
Floren, Livvy	149	•			Greenwich	164	8	5	4
					Stamford	287	14	1	17
Fox, Daniel	148				Stamford	287	14	1	17
France, Mike	42				Ledyard	66	2	1	5
					Montville	105	7	0	9
					Preston	16	1	0	1
Frey, John	111				Ridgefield	38	5	0	6
Fritz, Mary	90				Cheshire	159	9	3	12
					Wallingford	180	8	3	25
Geigler, Janice	138				Danbury	290	11	9	20
					New Fairfield	34	1	1	3
					Ridgefield	38	5	0	6
Genga, Henry	10	•	•	•	East Hartford	269	11	2	22
Gentile, Linda	104				Ansonia	88	5	0	7
					Derby	58	2	0	5
Godfrey, Bob	110				Danbury	290	11	9	20
Gonzalez, Minnie	3		•		Hartford	490	19	4	40
Guerrera, Antonio	29				Newington	168	8	1	14
					Rocky Hill	84	3	2	6
					Wethersfield	137	6	6	10
Haddad, Gregg	54		•		Mansfield	51	0	0	3
Hampton, John	16	•			Simsbury	68	2	1	7
Hennessy, John "Jack"	127	•			Bridgeport	673	36	11	51
Hewett, Ernest	39		•		New London	130	9	2	8

Hoydick, Laura	120				Stratford	289	10	8	20
Jankowski, Claire	56				Vernon	130	4	0	11
Johnson, Susan	49		•		Windham	167	6	3	6
Jutila, Ed	37				East Lyme Salem	78 18	4 0	3 0	14 1
Kiner, David	59				East Windsor Enfield	43 157	3 7	1 1	8 21
Klarides, Themis	114	•			Derby Orange Woodbridge	58 51 35	2 3 3	0 0 0	5 1 4
Kokoruda, Noreen	101	•	•		Durham Madison	36 43	2 6	0 0	5 7
Kupchick, Brenda	132	•			Fairfield	152	7	4	12
Labriola, David	131	•			Naugatuck Oxford Southbury	121 43 457	11 4 2	4 1 3	11 2 4
Lavielle, Gail	143	•	•		Norwalk Westport Wilton	314 78 32	15 8 2	14 1 2	15 5 3
LeGeyt, Timothy	17	•	•		Avon	65	2	0	9
Lemar, Roland	96				East Haven New Haven	148 634	13 36	1 6	7 66
Lesser, Matthew	100		•		Middletown	245	9	4	26
Lopes, Rick	24				New Britain Newington	342 168	18 8	3 1	21 14
Luxenberg, Kelly J.S.	12				Manchester	415	10	13	25
MacLachlan, Jesse	35				Clinton Killingworth Westbrook	115 15 46	5 0 3	0 0 0	10 4 7
McCarthy Vahey, Christin	133	•	•		Fairfield	152	7	4	12
McCarty, Kathleen	38	•	•	•	Montville Waterford	105 124	7 9	0 2	9 9
McCrory, Douglas	7		•		Hartford	490	19	4	40
McGee, Brandon	5				Hartford Windsor	490 211	19 3	4 2	40 14
McGorty, Ben	122				Shelton Stratford Trumbull	108 289 205	5 10 7	2 8 4	28 20 15

Menga, Robert	97				New Haven	634	36	6	66
Miller, Patricia	145		•		Stamford	287	14	1	17
Miller, Philip	36				Chester	31	0	0	1
					Deep River	19	3	0	0
					Essex	6	1	1	1
Miner, Craig	66		•		Bethlehem	10	0	0	1
					Litchfield	30	0	1	3
					Morris	3	1	0	0
					Warren	2	2	0	0
					Woodbury	33	1	1	3
Morin, Russell	28				Wethersfield	137	6	6	10
Morris, Bruce	140				Norwalk	314	15	14	15
Mulligan, Gayle	55	•	•		Andover	12	2	0	1
					Bolton	23	0	0	2
					Hebron	40	0	0	3
					Marlborough	19	0	0	3
Mushinsky, Mary	85				Wallingford	180	8	3	25
Nicastro Sr., Frank	79				Bristol	261	13	3	23
Noujaim, Selim	74				Waterbury	587	26	24	26
O'Dea, Tom	125				Wilton	32	2	2	3
O'Neill, Arthur	69		•		Bridgewater	1	0	0	0
					Roxbury	10	0	0	0
					Southbury	457	2	3	4
					Washington	3	0	0	1
Orange, Linda	48	•	•		Colchester	95	2	2	3
					Lebanon	69	3	1	3
					Mansfield	51	0	0	3
					Windham	167	6	3	6
Pavalock, Cara Christine	77	•			Bristol	261	13	3	23
Perillo, Jason	113	•		•	Shelton	108	5	2	28
Perone, Chris	137				Norwalk	314	15	14	15
Piscopo, John	76				Burlington	41	1	0	3
					Harwinton	25	1	0	2
					Litchfield	30	0	1	3
					Thomaston	26	2	0	2
Porter,	94		•		Hamden	328	13	2	29

Robyn					New Haven	634	36	6	66
Rebimbas, Rosa	70				Naugatuck	121	11	4	11
Reed, Lonnie	102				Branford	107	2	1	11
Riley, Emmett	46			•	Norwich	260	12	1	19
Ritter, Matthew	1			•	Hartford	490	19	4	40
Rojas, Jason	9				East Hartford Manchester	269 415	11 10	2 13	22 25
Rosario, Christopher	128		•		Bridgeport	673	36	11	51
Rosati, Christine	44	•			Killingly Plainfield Sterling	179 82 10	1 3 0	0 0 1	13 14 0
Rose, Kim	118	•			Milford	171	3	1	13
Rovero, Daniel	51	•			Killingly Putnam Thompson	179 55 42	1 1 0	0 1 0	13 7 1
Rutigliano, Dave	123	•			Trumbull	205	7	4	15
Ryan, Kevin	139	•	•	•	Bozrah Montville Norwich	13 105 260	0 7 12	0 0 1	1 9 19
Sampson, Robert	80				Southington Wolcott	169 90	5 3	1 0	8 8
Sanchez, Robert	25				New Britain	342	18	3	21
Santiago, Ezequiel	130		•		Bridgeport	673	36	11	51
Santiago, Hilda	84				Meriden	353	10	2	23
Sayers, Peggy	60			•	Windsor Windsor Locks	211 43	3 2	2 1	14 4
Scanlon, Sean	98	•		•	Branford Guilford	107 108	2 7	1 1	11 7
Scott, John	40				Groton Ledyard	188 66	10 2	2 1	10 5
Serra, Joseph C.	33				Middletown	245	9	4	26
Shaban, John	135				Easton Redding Weston	17 14 20	0 3 2	1 0 0	1 2 1
Sharkey, J. Brendan	88				Hamden	328	13	2	29

Simanski, Bill	62	●			Barkhamsted	12	0	0	4
					Granby	46	2	0	1
					Hartland	13	1	0	0
					New Hartford	37	0	1	0
Simmons, Caroline	144				Stamford	287	14	1	17
Smith, Richard	108				Danbury	290	11	9	20
					New Fairfield	34	1	1	3
					New Milford	99	5	3	9
					Sherman	3	0	0	1
Sredzinski, J.P.	112				Monroe	73	2	1	9
					Newtown	72	7	0	1
Srinivasan, Prasad	31			●	Glastonbury	98	3	4	13
					Harwinton	25	1	0	2
Stallworth, Charlie	126				Bridgeport	673	36	11	51
					New Canaan	43	1	0	7
Staneski, Pam	119	●			Milford	171	3	1	13
					Orange	51	3	0	1
Steinberg, Jonathan	136	●			New Britain	342	18	3	21
					Westport	78	8	1	5
Tercyak, Peter	26		●	●	Bethel	79	6	1	2
					New Britain	342	18	3	21
Tong, William	147				Darien	35	2	1	5
					Stamford	287	14	1	17
Tweedie, Mark	13		●		Glastonbury	98	3	4	13
					Manchester	415	10	13	25
Urban, Dianna	43	●	●		N. Stonington	19	0	0	3
					Stonington	43	4	0	6
Vail, Kurt	52				Somers	27	2	0	2
					Stafford	29	1	0	10
Vargas, Edwin	6	●	●		Hartford	490	19	4	40
Verrengia, Joe	20				West Hartford	299	13	5	25
Walker, Toni	93		●		New Haven	634	36	6	66
Willis, Roberta	64		●		Canaan	17	0	0	0
					Cornwall	2	0	0	0
					Goshen	9	0	0	1
					Kent	4	0	0	0
					Norfolk	4	1	0	0
					North Canaan	2	0	0	0
					Salisbury	3	0	0	0
					Sharon	5	0	0	0
					Torrington	312	10	10	9
Wilms, Fred	142		●	●	New Canaan	43	1	0	7
					Norwalk	314	15	14	15

Wood, Terrie	141				Darien Norwalk	35 314	2 15	1 14	5 15
Yaccarino, David	87				North Haven	158	3	0	13
Zawistowski, Tami	61	•	•		East Granby Suffield Windsor	13 49 211	1 3 3	0 1 2	3 4 14
Ziobron, Melissa H.	34		•		Colchester Durham East Haddam East Hampton Haddam	95 36 36 38 25	2 2 1 0 1	2 0 0 2 1	3 5 2 5 4
Zoni, David	81	•		•	Southington	169	5	1	8
Zupkus, Lezlye	89	•			Bethany Cheshire Prospect	20 159 55	1 9 2	1 3 0	1 12 4
Seat vacant	107				Bethel Brookfield Danbury	79 58 290	6 2 11	1 0 9	2 4 20
Seat vacant	129				Bridgeport	673	36	11	51

Key:

I/DD: Member of the Intellectual and Developmental Disabilities Caucus

Appr: Member of the Appropriations Committee

PH: Member of the Public Health Committee

Towns: Legislator represents constituents in the towns listed

***WL:** Waiting List – Individuals living either in their own or family who currently receive no funded residential supports from DDS; classified as Priority E (has immediate need for residential placement, support or services) or Priority 1 (individual or family is requesting placement within 1 year and has been determined to have the most pressing need for services)

****Other Residential Needs** – Individuals either receive DDS funded residential supports and services and need additional supports or live in institutional settings (DDS Campus facilities or Long Term Care Settings) and wish to move to a community residential setting; classified as Priority E or 1

*****Planning list** – Individuals with residential who currently receive no services and have been classified by DDS as Priority 2 or 3 (want or will need services in 2 or more years). But in reality many of these individuals are in need of services now.

